

Texas District & County Attorneys Association Professional Criminal Investigator APPLICATION FORM

(SEE DEADLINE INFORMATION ON LAST PAGE OF APPLICATION)

I. Legal Name of Applicant:

Last First M.I.

II. Date of Birth: _____

Place of Birth: _____

City State County

III. _____

Social Security Number Driver's License Number

IV. Date Hired: _____ Position: _____

V. Home Address: _____

Street City State Zip

Telephone: (____) _____

VI. Employing Agency _____

VII. Agency Head (Print or Type) _____

VIII. Office Address: _____

Street City State Zip

Office Telephone: (____) _____

IX. STANDARDS FOR CERTIFICATION (Revised and approved October 18, 2007.)
TO BE FILLED OUT BY ELECTED PROSECUTOR.

X. Applicant Current TCOLE Certificate level _____

XI. TCOLE P.I.D. # _____

Check appropriate box. Explain all "NO" answers on a separate page.

		YES	NO
A	Applicant is a TCOLE licensed/certified Officer and has been employed FULL time by an Elected <u>County/ District/or Criminal District Attorney</u> as a(n) Investigator/Criminal Investigator with the following years of service: A minimum of eight (8) years full time employment if holding an Advanced Certificate with TCOLE or five (5) years full time employment if holding a Masters Certificate with TCOLE. Attach copy of appropriate TCOLE license. <u>The years of service may be accumulated with any County, District, or Criminal District Attorney's office.</u>		
B.	Applicant is a current member in good standing of the Investigator's section of TDCAA		

C. Applicant is employed, full time, by the undersigned as a(n) Investigator/Criminal Investigator and is not involved in any outside investigative work.		
D. Applicant shall be allowed to attend the TDCAA Investigator's Conference each year, or obtain the equivalent number of hours in other courses certified by TDCAA and approved by TCOLE training credits		

Professional Criminal Investigator's Certificate

A. Applicant Requirements

1. All applicants must be recommended by the District, County, or Criminal District Attorney where he/she is a full-time employee.

2. All applicants must have received the following certificate with the appropriate years of service:

A minimum of eight (8) years **full time employment** with the appropriate elected prosecuting attorney if holding an Advanced Certificate with TCOLE or five (5) years **full time employment** with the appropriate elected prosecuting attorney if holding a Masters Certificate with TCLOLE. Attach copy of appropriate TCOLE license and employment documentation. **The years of service may be accumulated with any County, District, or Criminal District Attorney's office.**

B. Membership

1. All applicants must be current members of the Investigator Section of the Texas District and County Attorney's Association. *Failure to pay dues and attend TDCAA functions may be taken into consideration by the Review Committee.*

2. Applicants shall not be involved in any outside investigative work, such as accident investigations, divorce, bail bonds etc.

C. Experience

Applicant must be a TCOLE licensed/certified Peace Officer and have for at least five (5) years, been employed full time by an elected prosecutor as an investigator or criminal investigator.

I, the undersigned Elected Prosecutor, hereby certify that the preceding information is true and correct to the best of my knowledge.

Date

Signature

TO BE COMPLETED BY APPLICANT:

List employment history with elected prosecutor offices:

Please read the following statements and sign below to signify agreement with the conditions.

- I. I agree that I am participating in a program which may be later discontinued or altered, and therefore, I shall acquire no vested rights therein.
- II. I understand that the PCI certification is subject to recall or suspension by the PCI Review Committee subject to any violation of the rules and minimum standards which caused this certificate to be issued.
- III. I have read all the requirements for the PCI Certificate which have been promulgated by TDCAA, and I certify that I am fully qualified for certification under this program.
- IV. I agree to abide by all rules and regulations promulgated by TDCAA with reference to this certification as amended from time to time.
- V. I agree to submit to a personal interview, if necessary, before the Review Committee as established, for the purpose of testing my qualifications for certification and/or the revocation of said certificate(s).

_____ Date

Signature

Please submit to the current Ex-Officio:

Ruben Segovia
Attn: PCI Awards
rsegovia@bexar.org

Type name as it is to appear on Certificate

Nominations must be received by email no later than December 1st for the February Investigator Conference. Any nominations received after the deadline will be awarded at the next scheduled Investigator Conference the following year, no exceptions.

FOR OFFICE USE ONLY
Application # _____
Date Filed: _____