



# APPLICATION FOR DIPLOMATE

Title(Dr./Mr./Ms.) \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Code: \_\_\_\_\_

Country: \_\_\_\_\_ Company/Firm: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Document Examiner Certifying Authority and Date Certified:

\_\_\_\_\_ |\_\_ / \_\_ / \_\_\_\_

Undergraduate and Graduate Degrees: \_\_\_\_\_  
\_\_\_\_\_

Professional Certifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please read the following statements carefully and indicate your understanding and agreement by signing on Page 4:**

1. I hereby apply to the *International Association of Document Examiners* for examination of my credentials and issuance to me the designation of **DIPLOMATE**.
2. I hereby release the IADE, its members, directors, officers, examiners, and agents from any and all liability arising out of or in connection with any action or omission by any of them in connection with this application, the review process by the IADE, the failure to issue me the designation of Diplomate. I understand that the decision as to whether I qualify for diplomate designation rests solely and exclusively with IADE and that the decision of IADE is final.
3. I understand that this application and any information or material received in connection with this application will be kept confidential and will not be released unless I have authorized, in writing, permission to do so.
4. Please answer:

Have any been convicted of any criminal conduct or misdemeanor other than minor traffic violations? [ ] Yes [ ] No

If yes, please explain on a separate sheet of paper

Have you been sanctioned, suspended, censured, or expelled from any professional organization other than non-payment of dues? [ ] Yes [ ] No

If yes, please explain on a separate sheet of paper

Have you ever been disciplined, or are currently under investigation, by a certifying or ethics committee? [ ] Yes [ ] No

If yes, please explain on a separate sheet of paper.

## 5. Requirements for Diplomate Status

- a. Applicant shall have been a Certified Document Examiner for the previous two (2) years in good standing.
- b. Applicant shall have been actively engaged as a professional document examiner for the past five (5) years. Submit your current CV.
- c. Applicant shall have proof of ten (10) document cases in which the applicant has testified in open court including trials, arbitrations, informal hearings, or depositions, for past five (5) years. Information supplied shall include: names of clients (attorney, business, private individual); type of testimony (deposition, trial, hearing, arbitration, mediation, etc.); Judge, Arbitrator, Mediator before whom testimony was given; city, state, date of testimony; and case caption for each.

Cases submitted must be varied enough to exhibit a broad knowledge in document examination. Cases must be varied to include: graffiti, anonymous notes or writing, watermark, paper or ink analysis, or any varied modality acceptable to the Board.

- d. Diplomate status shall be renewed every ten (10) years. Renewal shall include five (5) or more varied cases that must be presented to the Board. A non-refundable renewal fee of \$50.00 shall be submitted with documentation.
- e. Diplomates may use IADE Diplomate after their names as long as they are members in good standing.
- f. Convocation ceremony shall be held during regularly scheduled yearly symposia.

6. Submit three professional references.

7. Please remit the non-refundable application fee of \$100.00 made payable to IADE.

Send application to Certification Chairman:  
Beth Chrisman, CQDE  
6320 Canoga Ave, 15th Floor  
Woodland Hills, CA 91367  
Bus: (310) 910-3993  
Fax: (310) 861-1614  
[beth@handwritingexpertcalifornia.com](mailto:beth@handwritingexpertcalifornia.com)

For \$100 fee use **credit card** at Website: [www.iade.us](http://www.iade.us)  
using the drop-down menu choosing 'diplomate fee'  
or send **check** made payable to IADE to:  
William B. Smith, CQDE, Treasurer  
10019 Sweetleaf Street  
Orlando, FL 32827  
Please print "Diplomate Fee" on the memo line.

**I UNDERSTAND AND AGREE TO THE FOLLOWING TERMS:**

I certify that the information I have provided to International Association of Document Examiners (IADE) is true, correct, and complete. I am not providing misleading, false, or deceptive information. I understand that if I have provided misleading, false, or deceptive information, the association may pursue aggressive legal action. I may be asked to provide additional documentation. I understand that IADE reserves the right to verify any and all information that I provide.

If I misrepresent my credentials, refuse to provide documentation at a later time, if asked, or allow my membership with IADE to lapse; I agree and understand that my Diplomate status will be revoked and membership terminated.

Documentation required for the Diplomate status, for which I'm applying, must be received within 45 days from the date of application.

I agree that I will notify IADE in writing of any civil, criminal, or complaint that is made against me.

IADE does not endorse, guarantee, or warrant the work or opinions of any individual members.

Diplomate status is a voluntary process that is, and should be, very different from certification. Attainment of Diplomate demonstrates a document examiners' exceptional experience. (Diplomate status does not imply licensing or registration by IADE of a member's qualifications, abilities, or expertise. IADE does not assume any responsibility or liability for its member's efforts to apply, or use information, suggestions, or recommendations made by IADE, any publication resources or activities.)

I authorize and permit IADE to conduct the necessary investigation to validate and verify the accuracy and truth of this application.

Date \_\_\_\_\_ Signed \_\_\_\_\_

Date application received by IADE: \_\_\_\_\_

Date final documentation received: \_\_\_\_\_

Date of IADE Board decision: \_\_\_\_\_

Fee received: \_\_\_\_\_

**CASE DOCUMENTATION**

Name of Applicant: \_\_\_\_\_

Please provide ten (10) cases with the following format:

Case # \_\_\_ of 10:

Document examination cases where testimony was rendered:

Date: \_\_\_\_\_

City & State: \_\_\_\_\_

Type of Hearing:	Deposition	Trial	Daubert Hearing
	Arbitration	Mediation	Other

Name of Client:

Defense Attorney: \_\_\_\_\_

Plaintiff Attorney: \_\_\_\_\_

Prosecuting Attorney: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_

Corporation/Business: \_\_\_\_\_

Private Individual: \_\_\_\_\_

Name of:

Judge: \_\_\_\_\_

Arbitrator: \_\_\_\_\_

Mediator: \_\_\_\_\_

Case Caption: \_\_\_\_\_

You may photocopy this page to submit your 10 cases.