



TEXAS FORENSIC  
SCIENCE COMMISSION

*Justice Through Science*

*1700 North Congress Ave., Suite 445  
Austin, Texas 78701*

**PROFICIENCY TESTING CERTIFICATION FORM**

**Proficiency Testing Requirement – National Accrediting Body Compliance**

Forensic Analyst and Technician License applicants are required to obtain signed certification from their employing laboratory's authorized representative that the applicant has satisfied any applicable proficiency testing requirements of the laboratory's accrediting body as of the date of the analyst's application.

Note: The Commission is aware that not all analysts are required to take proficiency tests immediately and as a result there may be a delay between the analyst's initial license application and the date by which the analyst's first proficiency test is required. Any analyst who has not been proficiency tested because such testing is not yet required by the accrediting body should still be included as in compliance with the accrediting body's requirements.

Each laboratory only needs to sign this form once and attach a list of forensic analyst and/or technician names and update its list of qualified employees as necessary. **The form must be distributed to your employees for uploading to each of their license applications in TopClass.**

Laboratory Name:

Laboratory Representative/Director:

Laboratory's National Accrediting Body:

**Certification Part 1 (of 2):**

Names of Employees and corresponding forensic disciplines of those who are currently in compliance with proficiency testing requirements of the laboratory's accrediting body in accordance with each employee's forensic discipline:

Attach additional pages as necessary.

**Certification Part 2 (of 2)**

I hereby certify that each person listed in Certification Part 1 above is currently in compliance with the proficiency testing requirements of the laboratory's accrediting body.

\_\_\_\_\_  
Laboratory Representative/Director Printed Name

\_\_\_\_\_  
Laboratory Representative/Director Signature

\_\_\_\_\_  
DATE

**THIS COMPLETED FORM MUST BE UPLOADED TO EACH INDIVIDUAL LICENSEE'S APPLICATION IN TOPCLASS.**