

PROFICIENCY MONITORING CERTIFICATION FORM

Proficiency Monitoring Requirement for Texas Licensure

All licensed analysts and technicians, whether voluntary or mandatory licensees, must participate in a proficiency monitoring program that corresponds to the forensic analyst or forensic technician's specific forensic discipline and job duties. To demonstrate compliance, forensic analyst and forensic technician license applicants are required to submit this certification form signed by their employing laboratory's authorized representative indicating the applicant participates in the laboratory's process for intra-laboratory comparison, inter-laboratory comparison, proficiency testing, or observation-based monitoring requirements in compliance with and on the timeline set forth by either (1) the laboratory's accrediting body's requirements if employed at an accredited laboratory and licensed in an accredited forensic discipline; or (2) the laboratory or employing entity's Commission-approved process for proficiency monitoring if employed at an unaccredited laboratory or practicing in a forensic discipline not covered by the laboratory's accreditation.

The Commission is aware that failing an intra/interlaboratory comparison, proficiency test, or observation-based monitoring exercise does *not* automatically render a person out of conformance with the accrediting body's testing requirements. However, disclosure of failed proficiency tests and associated remediation must be reported to the Commission by all laboratories pursuant to the laboratory's duty to report communications with its accrediting body in compliance with Texas Administrative Code § 651.8.

Each laboratory only needs to sign this form once and attach a list of all forensic analyst and/or technician names and update the form as its list of qualified employees changes. The Commission understands that some employee positions, disciplines or job duties are not required to complete proficiency monitoring activities or exercises. Employees in positions with job duties not required to be tested must be included on this form to confirm compliance and designate their category of licensure. The form must be distributed to your employees for uploading to 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 license categories** of those who are currently in compliance with the laboratory accrediting body's intra-laboratory comparison, inter-laboratory comparison, proficiency testing, or observation-based monitoring requirements in accordance with each employee's currently authorized forensic discipline and job duties.¹

Please include analyst and technician names and corresponding license categories below: If you have employees with more than 2 license categories, please list them in the fillable text box on Page 3.

Please list any additional employees beginning on page 4 of this document and attach additional pages as necessary.

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¹ The license category listed for each individual licensee must correspond with the individual's current job duties at the laboratory and the category of licensure in which the forensic analyst or forensic technician actively performs forensic casework or is currently authorized or is currently participating in a training program to become authorized to perform supervised or independent forensic casework. (e.g., an individual who is hired as a forensic biology screener who intends to promote to DNA analyst should not be listed as a DNA analyst until the individual formally transitions into the DNA analyst position, even if the individual otherwise meets the qualifications for licensure as a DNA analyst.)

Certification Part 2 (of 2)

I hereby certify that each person listed in Certification Part 1 above is currently in compliance with all applicable laboratory accrediting body or Commission-approved proficiency monitoring requirements that correspond with the forensic analyst or forensic technician's specific forensic discipline as designated in Certification Part 1 .							
Laboratory Representative/Director Printed Name							
Laboratory Representative/Director Signature	DATE						

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

Certification Part 1, Continued