

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

Type name as it is to appear on Certificate

Please submit to:
Sarah Wolf
TDCAA
ATTN: PCI Awards
505 W. 12th St., Ste. 100
Austin, TX 78701

Nominations must be postmarked no later than July 1st, for the Annual Conference in September and December 1st for the February Investigator Conference. Any nominations received after the deadlines will be awarded at the next scheduled conference.

FOR OFFICE USE ONLY Application # _____ Date Filed: _____
