





Professional Certification ProgramBasic Analyst Classification Application

Respond in full to each question. Incomplete applications will be returned.

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Personal Details			
Name (First, Middle, Last)			
Home Address			
City	State/Province/Region		
Country	Postal Code		
Phone Number	Email Address		
IALEIA Membership Number	Number of Years Member		
Work Details			
Agency/Company Name			
Work Title (Attach Official Job Description)	Number of Years in Position		
Work Address			
City	State/Province/Region		
Country	Postal Code		
Work Phone Number	Work Email Address		
Supervisor Name/Title	Supervisor Phone Number		







Analytical Training

Applicant **must** complete a recognized 40-hour minimum basic intelligence course. *The* **certificate of completion** for the course **must** be provided. Approved courses are listed on the **IALEIA website**.

Course Name Date Completed

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	nation is true and complete and that I understand that basic leel, but does enroll me in the Professional Certification Program					
Applicant Signature	Date					
I have reviewed IALEIA's Code of Ethics conduct.	and agree to adhere to these standards for ethics and professions	al				
Applicant Signature	Date					
Basic Analyst Classification Application Fee: \$50.00 (non-refundable)						
To pay online by credit or debit card, please v	isit the <u>IALEIA Store</u>					
1 0 0	pleted application and check to: P.O. Box 13857, Richmond, VA 232 smust be on banks with US correspondent banks.)	225.				
Applicants may also provide their credit card information for processing (online submission is preferred)						
Card Type	Card Number					
Name on Card	Expiration Date CVV Code					







Professional Certification Committee Member Review (for IALEIA/PCP Use Only)

Application Approved? Yes No Approval Date

Certification Number Certificate Mailed Date

* Remember to attach any necessary documents to the submission email.*