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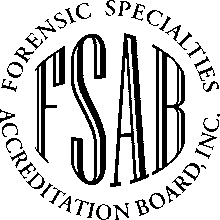
**Annual Report**

**Submitted By**

(Name of Accredited Organization)

(Organization Acronym, if any)

(Most Recently Completed Calendar Year)

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FORENSIC SPECIALTIES ACCREDITATION BOARD, Inc.

5540 N Academy Blvd Suite 230, Colorado Springs, CO 80918

**Annual Report on Accreditation**

**INTRODUCTION**

The Annual Report is required of all Conformity Assessment Body (CAB) that are accredited by the Forensic Specialties Accreditation Board (FSAB). It is the responsibility of the CAB to report all significant changes in its program to FSAB in a timely manner. At a minimum, all significant changes are required to be reported in the Annual Report. The Annual Report must be submitted no later than March 31, each year. The report information should reflect the most recently completed calendar year.

**INSTRUCTIONS**

Please complete the Annual Report form in full and attach documentation as required.

Your first response to a question will usually require a yes/no answer. You may add comments to further describe or clarify your answer.

If an organization sponsors more than one CAB, a separate Annual Report must be submitted for each such CAB.

The FSAB committee and board certificants having access to the submitted documentation are obligated under FSAB requirements to treat all information not disclosed in public documents as confidential.

Please complete and return the Annual Report to:

Forensic Specialties Accreditation Board, Inc.

Attention: James Williamson

5540 N Academy Blvd Suite 230

Colorado Springs, CO 80918

You may send the form electronically with an embedded or digital signature to jwilliamson@btprofessionalsolutions.com

The Annual Report must be submitted no later than March 31, each year. Failure to submit an Annual Report may result in the loss of FSAB accreditation.

Form Information and Instructions: The shaded boxes on the cover and following pages are for typing information. Place your cursor in the box and begin typing. The box will expand as you type so that your answer can be any length, the text will wrap automatically. The shading will not appear on printed pages. Place your cursor on the YES or NO checkbox and click to place an X on that box; click the box again to remove the X. You can use the tab key to go to the next shaded area. When complete the application should be saved as a file name that includes your board's initials or acronym before sending to FSAB.

(example Annual\_Report\_WXYZ\_2014.docx)

1. Name of Accredited Organization

2. Primary contact person

Position within organization

Contact information, if different

3. Street address, if any

Mailing address, if different

Phone       Fax

E-mail       Website address

4. Have there been any changes to your organizational structure during the previous year?

Yes  No

If yes, please explain, and attach current organizational chart to this report

Please provide the web site where the changes can be found

Please provide explanation of how CAB certificants are informed of these changes:

5. List current officers of the organization.

Officers:

President

Contact information

Vice-Pres.

Secretary

Treasurer

Contact information

Other (e.g., Executive Director)

Contact information

Board Certificants (list below):

6. Is there is a separate certification board/committee directly responsible for the certification program?

Yes  No

If yes, list the names of the board/committee certificants

Officers: Board/Committee Certificants (list below):

Chair

Contact information

Secretary

Contact information

Other (e.g., Director)

Contact information

7. Name of forensic specialty certifying program

8. How often is the directory updated, when necessary? Yes  No

When was the directory last updated? Date

9. Number of individuals certified as of December 31

10. Number of individuals taking the certification examination during the previous calendar year.

11. Number of new certificates granted during the previous calendar year.

12. Number of individuals recertified during the previous calendar year.

13. Have you made any changes to your policies and procedures manual? Yes  No

* If yes, please summarize these changes and indicate how CAB certificants are informed of these changes. Comments
* If no, when was the last review of your policies and procedures conducted?

Date

14. Have you updated/changed the criteria used to evaluate candidates for certification? Yes  No

* If yes, please provide an outline of these changes. Comments

15. Have you made changes to the standards used to credential (evaluate), test and certify applicants?

Yes  No

* If yes, please provide details, and indicate how CAB certificants are informed of these changes.

Comments

16. Have you made changes to the standards used for recertification? Yes  No

* If yes, please provide the details, and indicate how CAB certificants are informed of these changes. Comments

17. Have you conducted an internal audit of your certification program in the last calendar year?

Yes  No

* If yes, please explain any significant findings and how these were addressed. Comments
* If no, when was your last previous internal audit conducted? Comments
* Please attach a copy of your most recent internal audit report

18. Have you conducted a review of your management system? Yes  No

* If yes, please explain any significant findings and how these were addressed. Comments
* If no, when was your last previous audit conducted? Date
* Please attach a copy of your most recent management review report

19. Have you conducted an annual audit of your records? Yes  No

* If yes, please explain any significant findings and how these were addressed. Comments
* If no, when was the last records audit conducted? Date

20. Have you received any written complaints about the certification program or individual certificants?

Yes  No

* If yes, please indicate the general nature of the complaints and how they have been resolved.

Comments

21. Have you received any appeals? Yes  No

* If yes, please indicate the general nature of the appeal(s) and how it/they was/were resolved. Comments

22. Is there a plan to change the scope of the certification program? Yes  No

* If yes, please summarize these changes and provide details. Comments

23. How often is the directory updated, when necessary? Yes  No

When was the directory last updated? Date

24. If any non-conformities were found during your most recent re-accreditation, please describe how the adjustments made are working or not working for the CAB.Comments

25. Any Additional Comments:

**PLEASE READ CAREFULLY THE FOLLOWING PARAGRAPHS.**

Based on the answers provided in this Annual Report, it is understood that additional information may be requested by the FSAB. Any additional information provided will be considered part of this Annual Report. Information provided in this Annual Report may be verified.

The representative speaking on behalf of the CAB acknowledges that he or she has the authority to so speak and states that the information provided herein is true and accurate to the best of his/her knowledge. By signing this document, the representative acknowledges that any misrepresentation of fact is cause for revocation of accreditation by the FSAB.

In the event of a disagreement with the action of the FSAB, I agree on behalf of the CAB to comply with FSAB Procedure 14: Handling Appeals.

Representative of organization/certification CAB

(Signature)

Date       Title