

East Coast Gang Investigator's Association

Certified Gang Professional Application

Incomplete applications will be returned.

Name: _____
(First) *(Middle Initial)* *(Last)*

Work Title: _____ Unit: _____

Agency: _____

Address: _____

City/State/Zip: _____

Office Telephone: _____ Cell: _____

E-Mail: _____

Supervisor's Name: _____

Telephone Number: _____ Email: _____

When did you start working in law enforcement? _____

Do you work in a gang or intelligence unit? Yes No I have in the past

When did you start in the gang/intel unit? _____

Have you taken a gang class in the Academy? Yes No

How frequently do you attend intelligence meetings? _____

Which ECGIA Conferences or Trainings have you attended? *(attach certificate)*

Annual Conference(s) _____
location/date *location/date* *location/date*

Regional Training(s): _____
location/date *location/date* *location/date*

What other gang or intelligence training(s) have you attended?

Name/Location/Date

Name/Location/Date

Name/Location/Date

Name/Location/Date

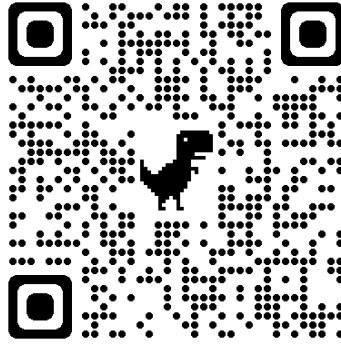
What other intelligence experience do you have?

- | | |
|---|---|
| <input type="checkbox"/> Audit or review intelligence database files. | <input type="checkbox"/> Participate in a regional gang task force? |
| <input type="checkbox"/> Developed an intelligence course. | <input type="checkbox"/> Teach an intelligence or gangs course(s). |

Applicant's Certification: I hereby certify that all of the above information is true and correct

(Applicant's Signature and Date)

For Online Credit Card Purchases Use One of the Following Links:



Certified Gang Professional

***** Email completed forms to certification@ecgia.org *****

**(FOR ECGIA USE ONLY)
ECGIA CGP Review**

Date CGP Application Received:	_____
Date CGP Reviewed & Approved Application:	_____
Date Examination Scheduled:	_____
Exam Score:	_____
Certification Number:	_____
Date Certificate Mailed:	_____
Re-certification Date:	_____