



# East Coast Gang Investigators Association

## Certified Gang Professional Certification & Test Application

### Applicant Information

Full Name:			Date:		
Last		First		M.I.	
Phone:			Email:		
Agency:			Rank/Title:		
Agency Address:					
Street Address				Unit #	
City		State		ZIP Code	
Supervisor:					
Phone:			Email		

### Certification Background

When did you begin your career in law enforcement? \_\_\_\_\_

Participated in a gang task force?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Taught a gang, narcotics or intelligence class?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you work in a gang or intelligence unit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you taken a gang class in the Academy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you audited or reviewed intelligence database files?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Developed an intelligence course?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you attend intelligence meetings?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how often?	_____	

Which ECGIA Conferences or Trainings have you attended?  
 Attach copy of certificate to application or email to [certification@ecgia.org](mailto:certification@ecgia.org)

Date:	Location	Type: Annual – Regional - Other
Date:	Location	Type: Annual – Regional - Other
Date:	Location	Type: Annual – Regional - Other

Other gang or intelligence trainings have you attended?  
 Attach copy of certificate to application or email to [certification@ecgia.org](mailto:certification@ecgia.org)

Date:	Location	Type:
Date:	Location	Type:

Have you completed the National Gang Center Street Gang Intelligence Training?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Attach copy of certificate to application or email to <a href="mailto:certification@ecgia.org">certification@ecgia.org</a>
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### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. I understand that incomplete, false or misleading information in my application may result in the invalidation/return of my application and certification. I understand that I must take an exam and successfully pass the exam in order to be certified as a CERTIFIED GANG PROFESSIONAL. I also understand that there are no expectations of a refund for failure on my part to pass the exam.*

Signature:		Date:	
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Send the **\$125 CERTIFIED GANG PROFESSIONAL CERTIFICATION & TEST** fee by check to: ECGIA 90 W. Afton Suite 181, Yardley, PA 19067 Checks should be made payable to East Coast Gang Investigator's Association.

Contact [mjohnson@ecgia.org](mailto:mjohnson@ecgia.org) to process the application fee by credit card.