Alabama Department of Mental Health (ADMH)
Office of Forensic Mental Health Services (OFMHS)
1305 James I Harrison Pkwy
Tuscaloosa, Alabama 35404
(205) 554-4331
https://mh.alabama.gov/forensic-mental-health-services/

Certified Forensic Examiner (CFE) Application

Clinical staff conducting Forensic Evaluations on behalf of the ADMH for the Criminal Courts of the State of Alabama shall be certified to do so. The Office of Forensic Mental Health Services (OFMHS) will oversee the CFE program.

This Application form must be completed when initially applying to become a CFE and every two-years thereafter. Applicants must submit and attach the following:

- This completed application form (partially completed applications will not be accepted),
- Documentation indicating that the applicant is currently licensed/certified to practice Psychology or Psychiatry in the State of Alabama
- Evidence that the Continuing Education requirement has been met (e.g., Copies of certificates from 4 hours of CEUs/CMEs in Forensic Psychology/Psychiatry),
- A current Resume or Curriculum Vita (CV),
- A copy of four (4) forensic examination reports completed independently by the applicant within the last twenty-four (24) months (for those currently approved CFEs only), and
- Evidence that the applicant maintains liability coverage (e.g., certificate of liability insurance- Only for those CFEs not directly employed by ADMH).

Responses may be typed or may be hand-written using black ink.

Identifying Information

Application for (Check one): _____ Psychiatrist _____ Psychologist
Specify the following: _____ I am not currently a CFE _____ I am seeking recertification

Last Name: _____ **First Name**: _____ **MI:** _____

Home Address: _____

_____

_____

_____

Office Address: _____

_____

_____

_____

Preferred Phone Number: _____ **Other Phone**: _____

e-mail Address: _____

Education and Internship and/or Residency Information

Undergraduate College or University	Address	Dates Attended (month/year)	Major	Degree Earned (e.g., BA, BS)
		From_____/_____ To_____/_____		

Post-Undergraduate College or University	Address	Dates Attended	Major	Degree Earned (e.g., MS, PhD, PsyD, MD)
		From_____/_____ To_____/_____		

Post-Undergraduate College or University	Address	Dates Attended	Major	Degree Earned (e.g., MS, PhD, PsyD, MD)
		From_____/_____ To_____/_____		

Internship (If applicable, list up to two locations. List only internships successfully completed.)

Internship Site Name: _____
Address: _____
_____
Dates Attended (Month/Year): From _____/_____ To _____/_____ Type of Internship: _____
Overview of duties and population served: _____
_____
_____
_____
Chairperson or Clinical Supervisor: _____

Internship Site Name: _____
Address: _____
_____
Dates Attended (Month/Year): From _____/_____ To _____/_____ Type of Internship: _____
Overview of duties and population served: _____
_____
_____
_____
Chairperson or Clinical Supervisor: _____

Residency (If applicable, list up to two locations. List only residency programs successfully completed.)

Hospital Site Name: _____
Address: _____
_____
Dates Attended (Month/Year): From _____/_____ To _____/_____ Type of Program: _____
Overview of duties and population served: _____
_____
_____
_____
Chairperson or Clinical Supervisor: _____

Hospital Site Name: _____
Address: _____
_____
Dates Attended (Month/Year): From _____/_____ To _____/_____ Type of Program: _____
Overview of duties and population served: _____
_____
_____
_____
Chairperson or Clinical Supervisor: _____

Continuing Education (CE) and Current Competency

General CE: In the previous 24 months, have you met the CE requirements necessary to maintain your current independent practitioner' license as required by the State of Alabama? _____ YES _____NO*
**If you have not completed the required continuing education, explain below. Attach additional documentation as necessary*: _____
_____

Remain current within your scope of practice: All CFEs shall remain current in their knowledge of AL Law, Forensic Assessment, and court procedures. Are you current in these areas? _____ YES _____ NO

Forensic specific Continuing Education (CE): All CFEs seeking recertification must complete at least four (4) contact hours of CE (CEU/CME) in Forensic Psychology or Psychiatry within the previous two (2) year period. *Attach evidence that this requirement has been met (e.g., certificates of completion/attendance).*

Title of the CE Course/Workshop	Number of credit hours	Program Sponsor (e.g., American Psychological Association, American Psychology & Law Association, American Academy of Psychiatry & the Law)

Current Board Certification**

Board Certification**	Initial Date	Recertification Date
** Attach copies of any current certifications in Forensic Psychology or Psychiatry		

Do you possess current Board Certification in Forensic Psychology or Psychiatry (e.g., the American Board of Professional Psychology (ABPP), American Board of Psychiatry and Neurology (ABPN))?

_____ NO _____ YES* If Yes, please specify and attach evidence of such status:

_____

_____

_____

Current Licensure**

State	License Number	License Expiration Date	License Current (Yes or No)
** Attach a copy of your current license			

In the past 5 years, have you been subject to professional discipline or had your license to practice suspended or revoked? _____ NO _____ YES*

** If YES, explain below. Attach additional documentation as necessary to explain:* _____

_____

_____

References

List at least two professional references, either a Psychiatrist of Psychologist, who has/had experience observing or working with you in your professional capacity and who can attest to your clinical skills and expertise. Note, ADMH may contact these peers for a professional reference at any time during the certification or recertification process.

Name:_____

Phone Number:_____ E-mail Address: _____

Address:_____

_____

In what professional capacity did you work with this reference?

_____

_____

Name:_____

Phone Number:_____ E-mail Address: _____

Address:_____

_____

In what professional capacity did you work with this reference?

_____

_____

Attestation of Examinations

During the last 24 months, approximately how many of the following types of exams/evaluations did you PERFORM?

Evaluation Type	Approximate Number of Evaluations PERFORMED within the most recent 24 months
Competency to Stand Trial (CST)	
Competency to Waive Miranda (CWM)	
Mental Status at the time of the Offense (MSO)	
Risk Assessment	
Atkins-Type Capital Sentencing Evaluations (Atkins v Virginia (2002))	

During the last 24 months, approximately how many of the following types of exams/evaluations did you REVIEW and/or SUPERVISE?

Evaluation Type	Approximate Number of Evaluations SUPERVISED within the most recent 24 months
Competency to Stand Trial (CST)	
Competency to Waive Miranda (CWM)	
Mental Status at the time of the Offense (MSO)	
Risk Assessment	
Atkins-Type Capital Sentencing Evaluations (Atkins v Virginia (2002))	

Peer Review*

*** Only required for current CFEs seeking re-certification**

All CFEs may be subject to the peer review process for the purposes of Quality Assurance (QA) and Quality Improvement (QI). To complete this process, please attach four forensic examination reports that you independently completed in your role as a CFE on behalf of the State of Alabama Department of Mental Health within the previous 24 months.

Attestation

I certify that the information contained in this application and any attached materials, is true, accurate, and reflects my training and experience. I agree to comply with ADMH policies and procedures pertaining to conducting forensic examinations and report writing. I further agree to notify the Director of the Office of Forensic Mental Health Services immediately (within 5 days upon receipt of notice) if my license or certification to practice, independently or otherwise, is suspended, revoked, or if I am subject to discipline or investigation by any licensing board for any reason.

My signature below also confirms that I will practice in accordance with current ethical principles established by the American Psychological Association (APA) in the Specialty Guidelines for Forensic Psychology and the Ethical Principles of Psychologists and the Code of Conduct (Psychologists) and the current Ethical Guidelines for the Practice of Forensic Psychiatry (Psychiatrists) established by the American Academy of Psychiatry and the Law (AAPL).

_____ _____

Applicant Signature Agreeing to the Attestation Date

Completing and submitting this application does not in and of itself constitute certification for a Psychologist or Psychiatrist to complete Forensic Examinations on behalf of ADMH. This application will be reviewed by the OFMHS. If the Applicant meets the requisite requirements to practice as a CFE, then ADMH will contact the Applicant directly regarding any additional steps necessary to further the certification process.