

**NOTE:** The information provided in this document is for **example purposes only** and does **not** reflect the **actual experience, education, or qualifications** of any specific individual. All content should be **reviewed and customized** to accurately represent your **own personal experience, credentials, and expertise** before use.

**[Your Full Name]**

**Credentials** (e.g., MA, LCSW, LPC)

[Phone Number] | [Email Address] | [City, State]

[LinkedIn or Professional Website, if applicable]

## **I. Professional Summary**

Experienced forensic interviewer with a strong background in child abuse investigations, trauma-informed care, and multidisciplinary team collaboration. Qualified expert witness in state and federal courts, with extensive training and court testimony experience.

## **II. Education**

Degree	Institution	Year Completed
MA in Psychology	University Name	20XX
BA in Sociology	University Name	20XX

## **III. Certifications & Licensure**

Certification/License	Issuing Body	Date
Licensed Clinical Social Worker	State Board	YYYY
Forensic Interviewing Certificate	NCAC	YYYY

## **IV. Professional Experience**

Forensic Interviewer – Agency/Organization Name

City, State

Month/Year – Present

- Conduct forensic interviews for children in suspected abuse cases.
- Collaborate with law enforcement and MDTs.
- Prepare documentation and testify in court.

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## **V. Special Appointments / Task Forces / Committees**

Role	Organization	Year(s)
Member	County Child Death Review Team	2021–Present
Chair	Regional MDT Protocol Committee	2020–2022

## **VI. Trainings, Conferences, Continued Education, Peer Support Attended**

- Forensic Interviewing Trainings Attended: 24
- Conferences Attended: 16
- Peer Review/Support Sessions: Monthly since 2019
- CEUs in Relevant Fields: 120+ hours over 5 years

## **VII. Trainings/Workshops Personally Conducted**

See Supplemental Document: "Training Sessions Conducted by [Your Name]"

## **VIII. Expert Witness / Court Appearances**

See Supplemental Document: "Court Appearances & Testimony Record"

## **IX. Professional Memberships**

- National Children's Alliance – Member
- APSAC – Member
- Statewide Forensic Interviewer Peer Review Network – Participant

## **X. References**

Available upon request or included as an appendix if required.

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## **Supplemental Document #1: Trainings Conducted**

**Title:** Training Sessions Conducted by [Your Name]

<b>Title of Training</b>	<b>Type</b>	<b>Audience</b>	<b>Host Organization</b>	<b>Date(s)</b>	<b>Length</b>
Trauma-Informed Forensic Interviewing	Workshop	New FI Trainees	Agency Name	2024-05-10	6 hrs
Testifying as a Forensic Interviewer	Webinar	MDT Members	Training Org	2023-10-21	2 hrs
Child Development and Interviewing	In-service	CPS Staff	County CPS	2022–2023 (Quarterly)	2 hrs/session

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## Supplemental Document #2: Court Appearances & Testimony Record

**Title:** Court Appearances & Testimony Record

Date	Court	Type of Case	Testified (Y/N)	Type of Witness	Role
2025-04-12	Smith County Juvenile Court	Sexual Abuse	Yes	Expert Witness	Interviewer
2024-11-03	State Criminal Court	Physical Abuse	Yes	Fact & Expert	Interviewer
2024-03-19	Family Court	Exposure to DV	No	N/A	Interviewer
2023-06-27	Federal District Court	Human Trafficking	Yes	Expert Witness	Interviewer & Educator