



## On-Site Evaluator Application

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Employer's Address (if different from above address):  
\_\_\_\_\_  
\_\_\_\_\_

Please check the type of site evaluator position for which you are applying:

Forensic Science Academician       Forensic Science Practitioner

Have you attended the *FEPAC: Accreditation of Forensic Science Academic Programs Through the AAFS* session?

Yes      No      If yes, please indicate the most recent year: \_\_\_\_\_

**Please attach a copy of your current *curriculum vitae/résumé* and the names, addresses (including email), and telephone numbers of two professional references that FEPAC may contact regarding your qualifications to be an on-site evaluator.**

Reference #1: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

Reference #2: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please complete this form and submit it to the AAFS by May 1 (current year).