



FEPAC

FORENSIC SCIENCE EDUCATION PROGRAMS
ACCREDITATION COMMISSION

On-Site Evaluator Application

Date: _____
Name: _____
Title: _____
Address: _____
Telephone: _____ E-mail: _____
Place of Employment: _____
Employer's Address
(if different from the above address): _____

Please check the type of AAFS Membership currently held:

<input type="checkbox"/> Associate Member	<input type="checkbox"/> Member	<input type="checkbox"/> Fellow	<input type="checkbox"/> Non-Member
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Please check the type of site evaluator position for which you are applying:

☐ Forensic Science Academician ☐ Forensic Science Practitioner

Have you attended the FEPAC Session: *Accreditation of Forensic Science Academic Programs Through the AAFS Forensic Science Education Programs Commission (FEPAC)*?

☐ Yes ☐ No

If yes, please indicate the most recent year: _____

If no, have you viewed a recently recorded *session*? ☐ Yes ☐ No If yes, please indicate the year of the *session* recording: _____

Please attach your current *curriculum vitae/résumé* and the names and contact information of two professional references that FEPAC may contact regarding your qualifications to be an on-site evaluator.

Reference #1:	
Address:	
Telephone:	
e-mail:	

Reference #2:	
Address:	
Telephone:	
e-mail:	

Signature of Applicant

Date

Please complete this form and submit it (e-mail: nzevotek@aafs.org) to the AAFS by May 1 (current year). Late submission will be reviewed on a case-by-case basis.