

AMERICAN ACADEMY OF FORENSIC SCIENCES

APPLICATION FOR PROMOTION

To be considered for promotion, the application and any additional requirement(s) must be received and completed by October 1. **Applications must be submitted by mail, online, or by email. Faxed applications are not accepted. The most current information must be included on this form and each section must be addressed. You may attach additional sheets or curriculum vitae, if necessary. DO NOT WRITE: "See curriculum vitae," as your application will be returned for completion.**

MAIL TO:
American Academy of Forensic Sciences
 410 North 21st Street
 Colorado Springs, CO 80904

ONLINE:
 www.aafs.org
EMAIL TO:
 application@aafs.org

MEMBERSHIP QUESTIONS:
 membership@aafs.org
 Phone: (719) 636-1100
 Toll-free: 1-800-701-AAFS

1. PUBLISHED LISTING *(directory & website)*

Name _____
 Organization _____
 Address _____

 City _____
 State/Province _____ Postal Code _____
 Country _____
 Telephone _____
 Fax _____
 Email Address _____

2. PREFERRED MAILING ADDRESS

Check if Preferred Mailing Address is the same as the Published Listing.
 Name _____
 Organization _____
 Address _____

 City _____
 State/Province _____ Postal Code _____
 Country _____

3. PERSONAL DATA

The following information is used for administrative purposes only:

Gender: Male Female

4. MEMBERSHIP STATUS

Associate Member to **Member**
 Member to **Fellow**

5. MISCELLANEOUS

Do you wish to have your name REMOVED from any mail solicitations that the AAFS receives? Yes No

Do you wish to be included in the AAFS Expert Witness Database? Yes No

If yes, please list specialties: _____

6. AAFS PARTICIPATION *(Since elected to current status.)*

a. List annual meeting attendance _____

 b. List participation at annual meetings (presenter/moderator) _____

 c. List AAFS Committees (chair or member) _____

7. EDUCATION

Begin with High School diploma; include baccalaureate degree(s), post-graduate degree(s), and any continuing education.

INSTITUTION (including city & state)	HIGHEST DEGREE & MAJOR (i.e., BS/Chemistry)	CONFERRED (month & year)

8. CURRENT EMPLOYMENT

Job Title _____ Date Started _____
 Full Time Part Time Percentage of time dedicated to forensic science _____
Employer _____
Address _____
City _____ State/Province _____ Postal Code _____ Country _____
Employer's Website Address: _____
Description of Job Functions _____

9. PRIOR PROFESSIONAL EMPLOYMENT *(If none, so state.)*

Job Title _____ Dates of Employment _____
 Full Time Part Time Percentage of time dedicated to forensic science _____
Employer _____
Address _____
City _____ State/Province _____ Postal Code _____ Country _____
Employer's Website Address _____
Description of Job Functions _____

10. LICENSURES *(If none, so state.)*

List national and local accreditations, privileges, and credentials, e.g., boards in medicine, state medical and bar licensures, etc. **Attach photocopy of certificate(s).** If you answer yes to any of the following questions, please attach an explanation.

Have you ever had any professional license or certificate revoked or suspended? Yes No

Have you ever been censured by any licensing agency? Yes No

11. ETHICAL CONDUCT

If you answer yes to any of the following questions, please attach an explanation.

Have you ever been found to have engaged in unethical conduct by any employer, licensing or certifying agency, professional organization, law enforcement agency, or during any judicial proceedings? Yes No

Are you currently the subject of a review and/or investigation for unethical conduct? Yes No

Have you ever been convicted of a felony? Yes No

12. PUBLICATIONS **If numerous publications, list the most recent first.** *(If none, so state.)*

Please identify each publication listed as "peer-reviewed" or "not peer-reviewed."

13. AGREEMENT

My signature below authorizes the AAFS or any of its officers or staff to verify the accuracy of any of the information provided in or as part of this application.

My signature is confirmation that I agree to continue to adhere to the Code of Ethics and Conduct of the AAFS.

Signature _____

Date _____