

# 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 \_\_\_\_\_  
 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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Country \_\_\_\_\_

## 3. MEMBERSHIP STATUS

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

## 4. 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: \_\_\_\_\_  
 \_\_\_\_\_

## 5. 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) \_\_\_\_\_  
 \_\_\_\_\_

## 6. EDUCATION

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

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

## 7. 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 \_\_\_\_\_

## 8. 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 \_\_\_\_\_

## 9. 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

## 10. 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

## 11. 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."

## 12. 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 \_\_\_\_\_