



# The National Association of Medical Examiners ®

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660-734-1891 Fax: 888-370-4839

## APPLICATION FOR AFFILIATE MEMBERSHIP

"Affiliate Members" are comprised of the following five (5) sub-classes of members:

- a) "Investigator Affiliates" shall be death investigators officially involved in a death investigation system who assist Fellows or Members at the time of their application for membership; members of the United States Army Criminal Investigation Command; United States Air Force Office of Special Investigations; or Naval Criminal Investigative Service who conduct death investigations. Investigator Affiliates must be sponsored by a Fellow or Member in accordance with procedures established by the Association and shall work closely with the sponsoring Fellow or Member in the medicolegal investigation of deaths.
- b) "Administrator Affiliates" shall be administrators within an official death investigation system. Administrator Affiliates shall be sponsored by a Fellow or Member in accordance with procedures established by the Association and shall work closely with the sponsoring Fellow or Member in administration of an office which officially investigates deaths.
- c) "Professional Consultant Affiliates" shall be persons having expertise utilized by or affiliated with Fellows or Members in the official investigation of deaths. Professional Consultant Affiliates shall be sponsored by a Fellow or Member in accordance with procedures established by the Association and shall work closely with the sponsoring members in the medicolegal investigation of deaths.
- d) "Support System Affiliates" shall be non-consultant support personnel who assist Fellows, Members, or other Affiliates or others in performing death investigation or other forensic duties. Support System Affiliates shall be sponsored by a Fellow or Member in accordance with procedures established by the Association. Support System Affiliates may include autopsy assistants, non-investigator forensic nurses, police crime scene investigators and forensic photographers. Notwithstanding anything in this Section 1.D.(iv) to the contrary, the foregoing examples are provided for clarity and mere possession of any of the foregoing job titles does not automatically qualify any individual membership as a Support System Affiliate.
- e) "Trainee Affiliates" shall be students who have received a diploma evidencing satisfactory completion of their secondary education who are involved in pursuing a career in any field that would qualify the individual as an Affiliate Member. Trainee Affiliates shall be sponsored by a Fellow or Member in accordance with procedures established by the Association.

### APPLYING FOR:

Investigator \_\_\_\_\_ Administrator \_\_\_\_\_ Professional Consultant \_\_\_\_\_ Support System \_\_\_\_\_ Trainee \_\_\_\_\_

Customer number (from NAME web site - REQUIRED) \_\_\_\_\_

Applicant: \_\_\_\_\_  
(Last Name) (First) (Middle Initial)

Governmental Agency (Federal, State, Local) with which Affiliated: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ x \_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email \_\_\_\_\_

Agency Type:  Medical Examiner  Coroner  ME/Coroner  Other \_\_\_\_\_

Position Within Agency (Job Title): \_\_\_\_\_

Duties: \_\_\_\_\_

Length of Time with Agency in Present Capacity: \_\_\_\_\_

Hours Per Week Spent in that Capacity: \_\_\_\_\_

Length of Time in Forensic Field (This and Previous Positions): \_\_\_\_\_

Educational Background (Include School, Field and Year Graduated): \_\_\_\_\_

Forensic-Related Education/Courses and Meetings (Include Course, Meeting and Dates Attended): \_\_\_\_\_

Memberships in Other Forensic-Related Associations: \_\_\_\_\_

**Sponsor Information:**  
**(Not required for Investigator Affiliates with ABMDI certification)**

\*Must be a Fellow or Member in Accordance with Procedures Established by the Association.

**ENDORSEMENT LETTER MUST BE INCLUDED WITH APPLICATION\***

Sponsor's NAME: \_\_\_\_\_

Sponsor's TITLE: \_\_\_\_\_

Sponsor's AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

OFFICE PHONE: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ x \_\_\_\_\_

**ATTACH to this APPLICATION FORM your Curriculum Vita/Bibliography AND either a copy of your ABMDI certificate (for Investigator Affiliate applicants with ABMDI certification) or your sponsor endorsement letter.**

I hereby make application for membership in the National Association of Medical Examiner. I hereby agree to abide by the Bylaws of the Association and such changes and amendments to same as may hereafter be properly adopted. I hereby agree to revocation of my membership, if granted, in the even that any of the statements hereinafter made by me are found to be false, and to hold the National Association of Medical Examiners and its members, officers and agents free from any damage or complaint by reason of any they, or any of them, may take in connection with this application.

**CODE OF ETHICS AND CONDUCT**

As a means to promote the highest quality of professional and personal conduct of its members, the following constitutes the Code of Ethics and Conduct which is endorsed and recommended to be adhered to by all members of the Association:

- A. Every member of the Association shall refrain from exercising professional or personal conduct adverse to the best interests and purposes of the Association or to the medical examiner profession.
- B. No member of the Association shall materially misrepresent his or her educational training, experience, area of expertise, certification, membership status within the Association, or official title or position in a medicolegal system.
- C. Every member of the Association shall refrain from providing any material misrepresentation of data upon which an expert opinion or conclusion is based.
- D. Except for the President and Chairperson of the Board of Directors, no member of the Association shall issue public statements which appear to represent the position of the Association without specific authority first obtained from the Board of Directors.
- E. All applicants for membership and annual renewal of membership shall affirm by their signatures that they have read, understood, and endorsed the Code of Ethics and Conduct in this Article X.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## GUIDELINES FOR AFFILIATE MEMBERSHIP

FACTORS:

GUIDELINES:

**RESPONSIBILITY:**

**FORENSIC DEATH INVESTIGATOR:**

An individual who investigates the circumstances of violent, suspicious and sudden deaths for a medicolegal jurisdiction or military jurisdiction, who has the delegated authority to determine the depth of the investigation necessary as directed by established guidelines so that a thorough and timely scientific death investigation can be accomplished.

**FORENSIC ADMINISTRATOR:**

A person who, under the direction of a physician/medical examiner, has the delegated authority in a medicolegal jurisdiction to administer the non-medical affairs of the office; who is responsible for developing departmental: fiscal requirements, personnel policies, facilities management in order that a timely and thorough investigation of death can be accomplished.

**SPONSORSHIP: DEATH INVESTIGATORS & ADMINISTRATORS:**

Sponsorship shall be required from a physician member who shall be a member of NAME. The sponsor must, in writing, attest to the candidate's application statements, endorse the capability and character of the applicant and support the membership as an Affiliate Member of the National Association of Medical Examiners. This membership is renewable yearly at the discretion of the sponsor.

**EMPLOYMENT:**

Candidate must be employed in either a Medical Examiner/Coroner system or on active duty in one of the branches of the military with a duty assignment to one of the military investigative divisions specifically investigating death in that setting. Further, candidate for membership must submit a table of organization detailing investigative and administrative structure of the jurisdiction. If the Medical Examiner or Coroner office does not have its own investigative branch; candidate must be employed by the law enforcement agency responsible for the death investigation of that Medical Examiner/Coroner office.

**PERCENT OF TIME SPENT INVESTIGATING DEATHS:**

The individual must work closely with the Sponsoring member in medicolegal investigation of deaths of a Medical Examiner/Coroner system.

**PERCENT OF TIME SPENT IN ADMINISTRATION:**

The individual must work closely with the sponsoring member in administering the affairs of a Medical Examiner/Coroner system.

**PROFESSIONAL/EDUCATIONAL BACKGROUND FOR INVESTIGATORS:**

Candidate must have formal training in either Death Investigation, a related medical field or an investigative agency.

**PROFESSIONAL/EDUCATIONAL BACKGROUND FOR ADMINISTRATORS:**

Candidate shall have a Bachelor's degree in Business Administration or related studies.

**CONTINUING EDUCATION FOR DEATH INVESTIGATORS:**

Affiliate must show currency in the field of death investigation by attendance of at least one forensic-related conference/course or meeting at the local, regional or national level every two (2) years as sponsored or approved by the NAME Membership Committee.

**CONTINUING EDUCATION FOR ADMINISTRATORS:**

Affiliate must show currency in the field of Forensic Administration by attending at least one eight (8) credit hour administrative course or meeting at a local, regional or national level every two (2) years as sponsored or approved by the NAME Membership Committee.

REMOVAL PROCEDURE: Same as for NAME member.