



The National Association of Medical Examiners ®

362 Bristol Road, Walnut Shade, MO 65771
660-734-1891 Fax: 888-370-4839

APPLICATION FOR FELLOWS

"Fellows" shall be physician medicolegal death investigators who are either (a) Certified in forensic pathology by the American Board of Pathology or its international equivalent as determined by the Board of Directors, or (b) prior to 2008 have completed a training program in forensic pathology that is accredited by the Accreditation Council on Graduate Medical Education, or have been officially "qualified for examination" in forensic pathology by the American Board of Pathology.

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 _____

Office Type: Medical Examiner Coroner ME/Coroner Other _____

Director: _____

Applicant Information:

Official Title: _____ Length of Time at Agency: _____

Medical School: _____ Date Graduated: ____/____/____

Degree Attained: _____ Year of Licensure: ____ State(s) _____

Residency Training: _____

Qualifications: (Check and complete all which apply. Provide a copy of Board Certification Certificate(s) or a photocopy of your certificate of completion of an accredited forensic pathology fellowship training program or a letter or photocopy of a letter from the American Board of Pathology indicating that you are qualified for Board examination in Forensic Pathology)

- Board Certified: Forensic Pathology (Year:____) Board Certified: Anatomic Pathology (Year:____)
- Board Certified: Clinical Pathology (Year:____) Board Certified: Other: _____ (Year:____)
- I have, prior to 2008, completed FP training in an accredited program (Year Completed: _____)
- I have, prior to 2008, been qualified to sit for the ABP's Forensic Pathology exam (Year:____)

Memberships in Other Societies:

AAFS AMA ASCP CAP Local Medical Society
 Other: _____

Years in Forensic Field: _____ Area of Interest: _____

Please submit a copy of your license, a copy of your Curriculum Vita, photocopy of certificate from the American Board of Pathology and ONE (1) letter of recommendation from a member of N.A.M.E.

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 event 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.

- 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: _____