



The National Association of Medical Examiners ®

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

APPLICATION FOR MEDICAL STUDENTS

"Medical Student Members" shall be students enrolled in an accredited medical school in the United States or Canada, or its international equivalent as determined by the Board of Directors, who express an interest in pursuing a career in forensic medicine. Medical Student Member applicants must provide a letter from a faculty member confirming that they are enrolled in a qualified medical school as defined above.

Customer number (from NAME web site - REQUIRED) _____

Applicant: _____
(Last Name) (First) (Middle Initial)

Training Institute with which Affiliated:

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) ____-____ x ____ Fax #: (____) ____-____ Email _____

Training Institution Type: University Private/Public Hospital Govt Agency Other

Affiliated Medicolegal Office Type: Medical Examiner Coroner ME/Coroner Other

Training Program Director: _____

Applicant Information:

Type of Training Program AP/CP AP FP Other Pathology Other Specialty

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

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

Expected Date of Completion of Training: _____

Board Certifications:

- None
- Forensic Pathology (Year:____)
- Clinical Pathology (Year:____)
- Anatomic Pathology (Year:____)
- Other: _____ (Year:____)

Memberships in Other Societies:

- AAFS AMA ASCP CAP Local Medical Society
- Other: _____

Please submit a copy of your Curriculum Vita and a letter from a faculty member confirming that you are enrolled in a qualified medical school as defined above.

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 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: _____