



FEPAC

FORENSIC SCIENCE EDUCATION PROGRAMS
ACCREDITATION COMMISSION

On-Site Evaluator Application

Name: _____
Title: _____
Address: _____

Telephone: _____ E-mail: _____
Place of Employment: _____
Employer's Address (if different from above address):

Please check the type of AAFS Membership currently held:

Associate Member	Member	Fellow
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Please check the type of site evaluator position for which you are applying:

Forensic Science Academician

Forensic Science Practitioner

Have you attended the FEPAC Session: *Accreditation of Forensic Science Academic Programs Through the AAFS Forensic Science Education Programs Commission (FEPAC)*?

Yes

No

If yes, please indicate the most recent year: _____

Please attach a copy of your current *curriculum vitae/résumé* and the names, addresses (including e-mail), and telephone numbers of two professional references that FEPAC may contact regarding your qualifications to be an on-site evaluator.

Reference #1: _____
Address: _____

Telephone: _____
e-mail: _____
Reference #2: _____
Address: _____

Telephone: _____
e-mail: _____

Signature of Applicant

Date

Please complete this form and submit it (e-mail: nzevotek@aafs.org) to the AAFS by May 1 (current year).