ACCREDITATION POLICY

Initial accreditation requires that each coroner/medical examiner has been in office for at least one year and an active member in good standing of NYSACCME for at least one year. Upon that one (1) year of service, 54 credits of educational accreditation are needed; 36 credits to be from NYSACCME sponsored training courses.

Every three (3) years to be reaccredited, the coroner/medical examiner needs a total of 36 credits in continuing education. To guarantee that this training has some responsiveness to the needs of New York State at least 18 credits must be in NYSACCME sponsored training courses.

The descriptions of the categories listed are as follows:

A - NYSACCME sponsored seminar/program

B - Credit is given to sponsors from organizations, i.e. AMA, AOA, Local Government, criminal justice training courses, or other courses with appropriate forensic thrust as determined by the Accreditation Board.

C - Credit comes from training in any formal mechanism as approved and evaluated by the Accreditation Board. This can include college and other formal course work.

SEND ALL NECESSARY FORMS AND CERTIFICATES to Robert F. Waltman at the address below.

If you have questions, contact:

Robert F. Waltman
P.O. Box 247
Dansville, NY 14437-0247

email: quincy980@AOL.com
cell: (585) 738-3388
NEW YORK STATE ASSOCIATION
of
COUNTY CORONERS and MEDICAL EXAMINERS

CONTINUING EDUCATION REPORT FORM
BIOGRAPHICAL UPDATE

Please check one: INITIAL ACCREDITATION ☐ REACCREDITATION ☐

Name ______________________________ Social Security No. _____________________________

Date of Birth ______________________ Representing the County of ______________________

OFFICE: HOME:
Address __________________________ Address ___________________________

City / State _______________________ City / State ___________________________

Phone (_____)____________________ Phone (_____)___________________________

Cell (_____)_______________________

Email address __________________________

The preferred mailing address to use is _____________________________________________

Your current title __________________________ Full ______ or Part time _________

Appointed or elected position ___________ Number of years appointed for __________

Term expires _______

Name of your supervisor __________________________________________

If applicable, the prior related title you held __________ Number of years at this position __

Field / Scene investigations are done by: Self________

Own department________

Other (please specify) _______

(i.e. Local, County, State Police, DA, etc.)__________

If you are a MD or DO, are you Board Certified in Pathology? AP ____ CP ____ Forensic _____

Other _____

Number of support staff in your department: Clerical ______ Full or part-time__________

Investigator _____ Full or part-time__________

Morgue _____ Full or part-time__________

Other _____ Full or part-time__________

Does your County have an organized health department? Yes _____ No _____

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Please give a comprehensive list of dates, topics, sponsors (including addresses), credit hours and the specified category of all seminars/programs you have attended. Please attach copies of the completion certificates for each seminar, etc. for verification.

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<th>DATE</th>
<th>TOPIC</th>
<th>SPONSOR/ADDRESS</th>
<th>CATEGORY</th>
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See Accreditation Policy for Descriptions of Categories

I certify the above information is correct.

Signature _________________________________

Date _____________________________________

Rev. 04/22/06 sje