



NEW YORK STATE ASSOCIATION
of
COUNTY CORONERS
and
MEDICAL EXAMINERS

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**

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CONTINUING EDUCATION REPORT FORM
BIOGRAPHICAL UPDATE

Please check one: INITIAL ACCREDITATION REACCREDITATION

Name _____ Social Security No. _____

Date of Birth _____ Representing the County of _____

OFFICE: Address _____ **HOME:** 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 ____

NYSACCME ACCREDITATION

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.

DATE	TOPIC	SPONSOR/ADDRESS	CATEGORY			CREDIT HRS.
			A	B	C	
			A	B	C	
			A	B	C	
			A	B	C	
			A	B	C	
			A	B	C	
			A	B	C	
			A	B	C	

See Accreditation Policy for Descriptions of Categories

Signature _____

I certify the above information is correct.

Date _____