NOTE: This is a SAMPLE application only.
Do not apply using this file.

Please contact the ABFA application chair at application@theabfa.org to request an official application and to obtain a random identification code (usually a playing card) in advance to use in your case file submissions. This code will allow the Board of Directors to review your case files in the blind and is part of our effort to maintain objectivity during the application review process. Requesting the application directly from the application chair also triggers the application fee invoicing process, allows the chair to track your materials more closely as you submit them, and facilitates providing you with important reminders and updates during the application timeline.

Thank you for your understanding and cooperation.

American Board of Forensic Anthropology, Inc.
Application for Certification in Forensic Anthropology

Certificate No. _____ Date Issued: _____
(For use by the ABFA Board of Directors) (For use by the ABFA Board of Directors)

Please type your name exactly as you wish it to appear on the Certificate in the space below:

Your Name:

Instructions to Applicant: WE HAVE GONE GREEN.

1. Please type or "cut and paste" all information directly into this document. Each item in the application must be completed. Do not delete portions of the application, simply indicate "Not Applicable" where appropriate.
2. Your packet must include electronic versions of three forensically-significant case reports that you submitted to a Medical Examiner, Coroner, or a law enforcement agency as part of your forensic work. These cases should be redacted to protect the identity of the applicant but otherwise are to be the unaltered case reports as they were submitted to the authority/agency and must include supporting information and documentation (see detailed instructions in the ABFA policies and procedures manual at www.theabfa.org).
3. To be considered by the Board, your completed application packet must consist of one original notarized application (hard copy), electronic files of the original notarized application and its supporting documentation, your three case reports, a copy of your doctoral diploma and your CV. **All application materials, including the application fee (see below), are due by April 1**. Your completed, notarized application should be mailed to the Application Chair of the American Board of Forensic Anthropology (www.theabfa.org for name and email address of Application Chair). All other materials should be emailed directly to the Application Chair. You may submit separate emails for each case report should size be an issue.
4. The non-refundable application fee must be paid electronically according the fee schedule published at www.theabfa.org. Applicants will receive an electronic invoice with a web link; please contact the Treasurer (email address available at www.theabfa.org) if you haven't received an invoice within ten business days of your application request. Note that all applications, including re-applications, must include this non-refundable fee.

Please sign here, indicating that you have read the above instructions, and include these first two pages with your application:

_____

Handwritten Signature of Applicant **Date**

PLEASE TYPE DIRECTLY INTO THIS DOCUMENT (Please use a different font for your responses). Do not delete portions of this application; simply indicate items that are not applicable. You may type your entries next to each heading or in the blank space below each item. Please either indent your responses and/or insert a space between headings. You may insert page breaks where you deem appropriate, but doing so is not necessary.

SAMPLE

Name:
(Last, first, middle)

If you have used any other name(s) professionally (e.g. maiden name) please specify:

Mailing address (preferred):

Alternate address:

Phone number (preferred):

Alternate phone number:

Fax Number:

E-mail Address (preferred):

Date of Birth:

Place of Birth:

Citizenship:
(If not a citizen of the U.S. or Canada, please attach documentation of your residency status in the U.S., Canada, their possessions and/or territories.)

Have you ever been convicted of a felony or misdemeanor (excluding minor traffic violations)?
If yes, please include a statement of details here or supply an attachment:

A. Undergraduate Education (duplicate the following headings if you attended multiple institutions)

Institution:

Location:

Inclusive dates:

Major:

Degree(s):

Date Received:

SAMPLE

B. Graduate Education (duplicate the following headings if you attended more than two institutions)

Institution:

Location:

Inclusive dates:

Major:

Degree(s):

Date Received:

Institution:

Location:

Inclusive dates:

Major:

Degree(s):

Date Received:

C. Awards and Honors (list here with dates):

D. Military Service

Branch:

Inclusive dates:

Type of discharge:

E. Professional Experience (provide all relevant positions held during the past 15 years chronologically, starting with most recent; duplicate the following headings as necessary):

Organization:

Address:

Inclusive dates:

Exact position title:

Full- or part-time? (If part-time, please indicate % of time.)

Provide a brief statement of your duties and responsibilities, with an emphasis on forensic anthropological activities:

SAMPLE

F. Name and address of current immediate supervisor (duplicate the following headings, if necessary):

Supervisor's Name:

Institution:

Address:

Phone:

G. Membership in Professional or Learned Scientific Societies (duplicate the following headings as needed for each membership)

Organization:

Current grade of membership:

Length of membership:

Leadership positions/offices held:

H. References: Please list the names and addresses of three (3) individuals who have agreed to send letters of recommendation. Applicants should contact references to provide the email address of the current Applicant Chair (available at the ABFA website). One referee should be a Board Certified forensic anthropologist familiar with your relevant work. The other reference(s) may be from police officials, medical examiners, coroners, etc. Please note that the letters of reference must be received before the April 1 deadline.

Name of Referee:

Complete mailing address:

Phone:

Name of Referee:

Complete mailing address:

Phone:

Name of Referee:

Complete mailing address:

Phone:

I. Additional Information (Use this space to make any comments regarding your activities in forensic anthropology that might assist the Board in evaluating your application. Include specialized training or education, membership on commissions, committees, advisory boards, other certifications, etc.):

SAMPLE

Sworn Statement for Notarization

In making this application to the American Board of Forensic Anthropology for the issuance to me of a Certificate of Qualification, all in accordance with and subject to its Articles of Incorporations, Bylaws, Ethics Policy, and such other governing provisions as, from time to time, are in force (hereinafter collectively referred to as its regulations), I agree to disqualification from the issuance to me of a Certificate; suspension of such Certificate; revocation of such Certificate; or surrender of such Certificate to the American Board of Forensic Anthropology in the event of any misstatement or misrepresentation of a material fact in this application or in the event that any of the aforementioned regulations applicable to such Certificate are violated by me, as determined by the American Board of Forensic Anthropology. I further agree to hold the American Board of Forensic Anthropology, its officers, examiners, and agents free from any claim, damage, or liability by reason of action, they, or any of them, may take in respect of this application including, but not limited to, the failure of the American Board of Forensic Anthropology to issue me such Certificate, or the suspension, revocation, or making of any demand for the surrender of an issued Certificate, or the removal of my name from any list of holders of such certificates.

In support of this application, I certify, under oath or affirmation, that all of the statements made herein or associated herewith are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Handwritten Signature of Applicant

_____

Subscribed and sworn to before me this ____ day of _____, 20 ____.

Notary Public in and for the State of _____.

My commission expires _____, 20____.

Signature of Notary Public _____

(NOTARIAL SEAL)

SAMPLE