

Your Name:

Please type your name exactly as you wish it to appear on the Certificate.

Instructions to Applicant:

Before starting this Application, please read through the relevant sections of the ABFA's current PPM, available on the ABFA website (www.theabfa.org).

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.

All components of the Analyst Application must be submitted to the ABFA Application Chair(s) by the deadline published on the ABFA website calendar (www.theabfa.org). This includes Reference Forms. Any application that does not have the following components by the deadline will be considered incomplete and will not continue on to review:

- 1. This **Application Form**, completed, signed, and notarized.
- 2. **Proof of citizenship or permanent residency** (e.g., copy of government issued photo ID). Per the PPM, Applicants must be a citizen or permanent resident of the United States, Canada, or their possessions/territories, or have been granted a residency waiver by the ABFA Board of Directors. Please see the ABFA PPM and ABFA SOP 4.1 (Applications) for procedures to petition for a waiver of residency.
- 3. A copy of your university transcripts demonstrating that, at a minimum, a Master's degree was conferred in Anthropology, or a related field, with an emphasis in biological or forensic anthropology prior to the application deadline. Unofficial transcripts are acceptable, but the Board reserves the right to request official transcripts. The degree must be from an accredited U.S. institution. Degrees not in Anthropology or from non-accredited or foreign institutions must have been granted a waiver by the ABFA Board of Directors. Please see the ABFA PPM and ABFA SOP 4.1 (Applications) for information on how to submit a petition to waive these requirements.
- 4. An **Analyst Training Log** demonstrating your training activities and engagement in the field of forensic anthropology. This form is available on the ABFA website.
- 5. Three **Analyst Reference Forms**, one of which must be from an active D-ABFA who has direct knowledge of the applicant's education/training/work and/or who supervises the applicant directly. No more than two referees may be from the same institution. Referees should be able to speak to the Applicant's character and involvement in forensic anthropology. All abilities listed on the form should be addressed between the three referees (i.e., if one referee marks an item "N/A," one of the other referees should be able to speak to this item). The Reference Form is available on the ABFA website. Applicants should download the form and fill out the top section prior to sending to the Referees. The Referees will submit the completed forms directly to the Applications Chair(s).
- 6. Application fee (to be invoiced after the application deadline).

With the exception of the Reference Forms, which will be submitted directly from the Referees, and the application fee that will be invoiced after the application deadline, all Application materials should be submitted electronically to the Application Chair(s) as a completed packet. You will receive an e-mail confirming receipt of the materials. If you do not receive an e-mail confirming receipt of the materials within 2 business days, please follow-up with the Application Chair(s).



Handwritten Signature of Applicant

ABFA Application for Analyst Certification in Forensic Anthropology

Should your application be accepted and you choose to sit for the exam, you may request an accommodation for special needs in accordance with the Americans with Disabilities Act. Procedures for requesting accommodations can be found in the ABFA PPM (www.theabfa.org).

Please sign here, indicating that you have read the above instructions and the relevant sections of the PPM, and include this cover sheet with your application:

Date

PLEASE TYPE DIRECTLY INTO THIS DOCUMENT (it is helpful to use a different font or font color for your responses). Do not delete portions of this application; simply indicate items that are not applicable. Type entries next to each heading or in the blank space below each item. Please either indent responses and/or insert a space between headings. You may insert page breaks where you deem appropriate but doing so is not necessary.		
Name: (Last, First Middle)		
If you have used any other name(s) professionally (e.g., maiden name) please specify:		
Preferred mailing address:		
Preferred phone number :		
Alternate phone number:		
Preferred e-mail address:		
Alternate e-mail address:		
Date of Birth:		
City, State, and Country of Birth:		
Country of 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)? Yes □ No □ If yes, please include a statement of details here or supply an attachment:
Have you ever been formally censured by a university, employer, or professional organization for unethical conduct? Yes □ No □ 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(s):
Degree(s) conferred:
Date(s) conferred:
B. Graduate Education (duplicate the following headings if you attended more than one institution):
Institution:
Location:
Inclusive dates:
Major(s):
Degree(s) conferred:
Date(s) conferred:



C. Current Employment (may or may not be anthropologically relevant, copy and paste to add additional employment as needed):			
Organization:			
Address:			
Inclusive dates:			
Position title:			
Full- or part-time?	(If part-time, please indicate number of hours per week.)		
Provide a brief statement of your	,		
D. Name and address of curren necessary):	at immediate supervisor (duplicate the following headings, if		
Supervisor's Name:			
Institution:			
Address:			
Phone:			
E-mail:			
	nent/Positions; please restrict to those related to the discipline of the following headings, if necessary):		
Organization:			
Inclusive dates:			
Position title:			
Full- or part-time?	(If part-time, please indicate the number of hours worked per week.)		
Provide a brief statement of your activities:	duties and responsibilities, with an emphasis on forensic anthropological		



F. Membership in Professional or Learned Scientific Societies (duplicate the following headings as needed for each membership):
Organization:
Current grade of membership:
Total length of membership:
Leadership positions/offices held:
G. Attendance at national or regional professional meetings relating to forensic anthropology within the last five years (duplicate the following headings, if necessary):
Association/Meeting:
Dates Attended:
H. Authored or co-authored publications <u>relating to forensic anthropology</u> (provide full citation and DOI, no specific citation format required):
I. Authored or co-authored poster or podium presentations at national or regional meetings relating to forensic anthropology (provide full citation, no specific citation format required):
J. References: Please list the names and contact information for three (3) individuals who have agreed to complete a Reference Form. Applicants should complete the first section of the Reference Form and send it to their Referees. Referees will complete the forms and send them directly to the Applications Committee Chair (current contact information can be found here: www.theabfa.org/board-of-directors). At least one referee must be an active ABFA Diplomate familiar with your relevant work. The other reference(s) may be from non-Diplomate practitioners, law enforcement officials, medico-legal personnel, professors, or others that can speak to your knowledge, work, or character. Collectively, the three referees should be able to speak to all line items on the reference forms. All three references cannot come from the same institution. Please note that the Reference Forms must be received before the application deadline.
Name of Referee:
E-mail address: Phone:



Name of Referee:
E-mail address: Phone:
Name of Referee:
E-mail address: Phone:
H. Please describe your current involvement in forensic anthropology and why you are pursuing ABFA certification (maximum 600 words):
I. Additional Information - Use this space to provide the Board with any additional information not covered within your application materials. Do not duplicate information from the Analyst Training Log or transcripts:



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	Date
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	
AVOTABLE CEAL)	
(NOTARIAL SEAL)	