

### Wildlife Forensic Scientist Certification Application Form

Be aware that any false or misleading information may disqualify you from certification. All application materials are to be submitted in English with exceptions to be made on a case by case basis.

Your application is complete when you have submitted the following: Application Form-Appendix 1 Letter of Reference- Appendix 2 Casework Summary Form- Appendix 3 Declaration SWFS Ethics Agreement Copies/ Photographs of Transcripts or Diploma for highest degree earned Evidence of the most recent annual proficiency tests CV Application Fee

You must fill out as much of the application as possible. SWFS prefers that the PDF forms be filled in electronically, but we will accept printed forms filled out by hand. If you fill out the forms electronically, save each of the nine application documents listed above with the document name and your name (example: application\_traciesmith.pdf), then upload using the link under your certification login on the SWFS website.

For all sections, if additional space is needed, please attach additional sheets noting which section the information relates to. Please note that not all applicants will have information to supply for certain fields, (e.g., publication or teaching). While this information is intended to assist in the evaluation process, you will not be disadvantaged by leaving these areas blank.

In order for your application to be considered for review, you must submit application materials in the pdf format (typed or written) on the certification web page, and payment must be received by the Society Treasurer. No exceptions will be made.

Once your application has been submitted and has been deemed complete by the Director of Certification, your application will be assigned to an assessor. The assessor will select two to three cases and request the Director of Certification to contact you to solicit selected redacted case files. You will then need to upload these case files.

# Section A Applicant Information

Please provide us with your contact details. Please indicate your preferred method of contact, as we may need to contact you quickly.

| Last name:                         | First name/s:                     | Title:                    |
|------------------------------------|-----------------------------------|---------------------------|
| Address:                           |                                   | =                         |
|                                    |                                   | =                         |
|                                    |                                   |                           |
| Country of Practice:               |                                   |                           |
| Other names used:                  | Da                                | te of Birth:              |
| Phone:                             | Preferred call time of day:       | Morning Afternoon Evening |
| Emai <u>l:</u>                     |                                   |                           |
| Fax: P                             | referred method of communication  | n: Email Phone            |
| Section B Employment               | History                           |                           |
| Please give the full name and addr | ress of the organization you work | °or:                      |

| Work plac  | e:                 |                           |
|------------|--------------------|---------------------------|
| Address:   |                    | (if different from above) |
|            |                    | ]                         |
|            |                    |                           |
| Job Title: | Years at position: | -                         |

If you started in this post within the last three years, please give the same information about previous relevant employment (covering a period of three years in all):

In your forensic work, do you use laboratory standardized policies, procedures or SOPs? Yes No

### Section C Education

Please list your educational degrees below. Include both undergraduate and graduate levels education.

| 5           | 8         | 0                                 | 8       |                 |
|-------------|-----------|-----------------------------------|---------|-----------------|
|             | Degree    | Subject and concentration         | Year    | What evidence   |
| Institution | (BS, MS,  | (include degree classification if | degree  | of this are you |
|             | PhD etc.) | applicable)                       | granted | enclosing?      |
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Additional Information regarding formal education qualifications:

# Section D Professional Training and Qualifications

| Training or Qualification<br>Received | Training Provider | Date<br>Completed | Hours<br>Earned | What evidence of<br>this are you<br>enclosing? |
|---------------------------------------|-------------------|-------------------|-----------------|--|
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Please list all relevant training and qualifications/certifications.

Additional notes on professional training and qualifications:

# Section E Professional Memberships

Please list memberships in relevant professional organizations.

| Body | Membership status (i.e.<br>Member, Associate, etc.) | Date accepted into<br>membership |
|------|---|----------------------------------|
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Additional notes on professional training and qualifications:

# Section F Relevant Teaching, Research, Publication and Testimony

Please list relevant teaching experience, research projects and publications you have undertaken in your specialty.

#### Teaching

| Post/ engagement | Date(s) | Nature and Extent of Teaching |
|------------------|---------|-------------------------------|
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#### Research

| Date(s) | Nature and Extent of Research |
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|         |                               |
|         | Date(s)                       |

#### Publication

| Area of Research | Date(s) | Nature and Extent of Research |
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### Testimony

| Subject area of opinions or<br>evidence presented in court | Date(s) | Court |
|--|---------|-------|
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Additional notes on relevant teaching, research, publication and testimony:

# Section G Letter of Reference

Please list below the contact information for your supervisor or other professional from whom you have requested a Letter of Reference.

| Full name: |                                    | Title: |       |
|------------|------------------------------------|--------|-------|
| Address:   |                                    |        |       |
| Ļ          |                                    |        |       |
|            |                                    |        |       |
| Phone:     | Preferred method of communication: | Email  | Phone |
|            |                                    |        |       |

Email: \_

How does this person know you and your work?

#### **Section H** Fitness to Practice

Please answer the questions below and provide explanations for any "Yes" answers in the space provided.

| Question   | Yes | No |
|--|-----|----|
| 1) Are you aware of any physical or mental condition which might impair your fitness to work as a forensic practitioner?   |     |    |
| 2) Are you aware of any past issues of professional conduct or performance<br>which might raise a doubt as to whether you should be certified as a<br>forensic practitioner? |     |    |
| 3) Do you have any criminal convictions?   |     |    |
| 4) Is any action pending against you in the criminal courts or by a professional or regulatory body?   |     |    |

Area for Explanation: