



International Association of Coroners & Medical Examiners

Professionalism & Prevention

Dedicated to the promotion of excellence in medicolegal death investigation through annual educational seminars for over 70 years

ACCREDITATION APPLICATION

Dear Applicant,

Please answer the following question so that we can get a sense of the size of your office. Send this in with your application fee and we will send you a thumb drive with the questions. Thank you.

APPLICANT APPLICATION QUESTIONS

1. Contact Information

Office Name: _____

Applicant Name/Point of Contact: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Website: _____

2. What is your average yearly caseload? _____

3. What is your percentage of average autopsies? _____

4. What is your area of coverage? (State, Regional or County?) _____

5. What is your coverage population? _____

6. How many employees do you have? _____

Full Time- _____

Part Time- _____

PRN (Hourly) - _____

Volunteers - _____

7. Are you elected or appointed? _____



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8. Do you have an autopsy facility on site? _____

9. Do you have a State Association? _____

OFFICE SIZE

		Initial Fee	Annual Maintenance Fee
Population <100,000	Class I	\$1500	\$250
Population 100,001-500,000	Class II	\$2500	\$500
Population >500,001	Class III	\$3500	\$1000

On Site Visit (circle one)

Fee Included: \$ _____

Date

Signature

Please fill out the following application to begin the process of accreditation and mail it with the payment for the accreditation fee to IAC&ME Secretary:

John Fudenberg
IAC&ME
1704 Pinto Lane
Las Vegas, NV 89106
(702) 455-3210
FUD@co.clark.nv.us