AMERICAN BOARD OF FORENSIC TOXICOLOGY, INC.
APPLICATION FOR REQUALIFICATION IN FORENSIC TOXICOLOGY

Please return completed application no later than November 1, 2020 by email or mail to:

ABFT Administrative Office
723 N Weber Street, Suite 103
Colorado Springs, CO 80903
swilliamson@abft.org

Certificants must be engaged in the practice of forensic toxicology at the time of application for requalification.

The intent of this application form is to document information generated since your original application for certification or last application for requalification.

Please type or print all information. Each item in the application must bear an entry. You may add additional pages as needed when preparing your application.

Your current CV and copy of driver’s license or other legal document to verify legal name must be sent under separate cover to swilliamson@abft.org. Your Requalification Application is not complete without these items and will not be processed until all items have been received.

A minimum of 50 continuing education (CE) points must be earned during the 5-year qualification period. In order to requalify, you must submit annually and earn a minimum of 50 CE points. If this is your first requalification, you may not have a full 5-year requalification period, and thus, your CE total will be prorated.

All material must be sent to the ABFT Administrative Office by email or mail as indicated above. There is no fee associated with the Requalification Application; however, applications postmarked after November 1, 2020, are subject to a late fee of $100. All deadlines will be enforced.
ABFT CERTIFICANT DATABASE UPDATE

<table>
<thead>
<tr>
<th>LEGAL NAME</th>
<th>Last Name (Surname)</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
</table>

PERSONAL INFORMATION

<table>
<thead>
<tr>
<th>Home Mailing Address</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State (Province)</td>
</tr>
<tr>
<td>Country</td>
<td>Zip Code (Postal Code)</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Mobile Phone</td>
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<tr>
<td>Personal Email</td>
<td>Date of Birth</td>
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</table>

EMPLOYMENT INFORMATION

<table>
<thead>
<tr>
<th>Employer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Mailing Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State (Province)</td>
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<tr>
<td>Country</td>
<td>Zip Code (Postal Code)</td>
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<tr>
<td>Work Phone</td>
<td>Work Email</td>
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I prefer to receive physical mail at: _____Home _____Work

My preferred email address is: _____Personal Email _____Work Email

I affirm that all of the information herein or associated herewith are true, complete, and correct to the best of my knowledge and belief and are made in good faith. Please Initial and Date
GENERAL QUESTIONS

1. Certification Category:
   ☐ F-ABFT  ☐ D-ABFT-FT  ☐ D-ABFT-FA  ☐ D-ABFT-FD

2. Have you been known by or used another name (e.g., maiden name) since your original certification?
   _____ Yes  _____ No  If yes, specify ________________________________

   Please provide a copy of your driver’s license or other legal document to verify legal name.

3. Have you been convicted of a felony or misdemeanor (exclude minor traffic violations) since your original or last application?
   _____ Yes  _____ No

   If yes, specify __________________________________________________________

4. Have you been found in violation of ethical conduct brought by a formal proceeding?
   _____ Yes  _____ No

   If yes, specify __________________________________________________________

5. Have you earned any graduate degrees during the past five years?
   _____ Yes  _____ No

   If yes, complete below and arrange for the degree granting institution to forward an official transcript of your academic records to the ABFT.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Degree</th>
<th>Date Granted</th>
<th>Major/Minor</th>
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6. Proficiency Testing Programs (past five years only):

   If you and/or your laboratory participates in proficiency test programs, note them below with dates of participation. Indicate if program applies to you as an individual or to the laboratory.

<table>
<thead>
<tr>
<th>Program</th>
<th>Inclusive Dates</th>
<th>Frequency</th>
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</table>
PROFESSIONAL EXPERIENCE (PAST FIVE YEARS ONLY)
START WITH CURRENT EMPLOYER

If more than one (e.g., primary employer and private consulting), make as many copies of these pages as needed.

Organization and Address:
___________________________________________________________________________________
___________________________________________________________________________________

Inclusive Dates _______________ Exact Title of Your Position ______________________________

Full or Part-Time?_______________ If Part-Time, % of Time _________________________

Forensic Toxicology Position?
_____ Yes  _____ No

Brief Statement of Your Duties and Responsibilities:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
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Duties and Responsibilities **identifiable as forensic toxicology only** (exclude clinical toxicology). Estimate hours per year for each activity assuming 2,000 hours/year as full-time. Record number of annual hours per year for each activity performed.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours/Year</th>
<th>Activity</th>
<th>Hours/Year</th>
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<tbody>
<tr>
<td>Case Work:</td>
<td></td>
<td>Research:</td>
<td></td>
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<tr>
<td>Bench</td>
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<td>Bench</td>
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<td>Interpretation</td>
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<td>Library/Writing</td>
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<td>Court</td>
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<td>Administrative</td>
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<tr>
<td>Administrative</td>
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<tr>
<td>Teaching:</td>
<td></td>
<td>Other: (Describe)</td>
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<td>Contact Hours:</td>
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<tr>
<td>Classroom</td>
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<td>Graduate Student/Tutorial</td>
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<tr>
<td>Preparation</td>
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<tr>
<td>Administrative</td>
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Additional Comments:

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ABFT CODE OF ETHICS

The American Board of Forensic Toxicology expects all persons holding a Certificate of Qualification from this Board to maintain the good moral character, outstanding integrity, good repute, and superior ethical and professional standing which are initial and continuing qualifications for recognition by this Board, and to conform to the following principles of ethical conduct:

- Conduct themselves with honesty and integrity at all times.
- Perform all professional activities in Forensic Toxicology with honesty and integrity, and refrain from any knowing misrepresentation of their professional qualifications, knowledge and competence, evidence, and results of examinations, or other material facts.
- Hold in proper confidence all information obtained or received in the course of their professional practice, and refrain from misuse of any such information.
- Strive to be aware of and alert to any actual or potential conflicts of interest and strive to avoid or appropriately resolve any such conflicts.
- Maintain and enhance their qualifications and competence for the practice of Forensic Toxicology, to the best of their ability.
- Act in accordance with the long-standing precepts for ethical practice of the profession of Forensic Toxicology, and refrain from any action or activity which would tend to bring disrepute upon or otherwise harm the profession of Forensic Toxicology or the American Board of Forensic Toxicology.

ABFT CODE OF PROFESSIONAL CONDUCT

As a means to promote the highest quality of professional and personal conduct of its Certificants, the following constitutes the Code of Professional Conduct that is endorsed and adhered to by all Certificants of the ABFT:

- Every Certificant of the ABFT shall refrain from exercising professional or personal conduct adverse to the best interests and purposes of the ABFT.
- Every Certificant of the ABFT shall refrain from providing any material misrepresentation of education, training, experience or area of expertise.
- Every Certificant of the ABFT shall refrain from providing any material misrepresentation of data upon which an expert opinion or conclusion is based.
- Every Certificant of the ABFT shall refrain from issuing public statements that appear to represent the position of the ABFT without specific authority first obtained from the President or the Board.

I agree to abide by the ABFT Guide to Ethics and Code of Professional Conduct.

Print Name ___________________________________________

Signature of Applicant ____________________________ Date _______________
CERTIFICANT'S AFFIRMATION

In making this application to the American Board of Forensic Toxicology for the issuance to me of a Certificate of Qualification, all in accordance with and subject to its Articles of Incorporation, Bylaws, 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 to surrender of such Certificate to the American Board of Forensic Toxicology, 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 Toxicology. I further agree to hold the American Board of Forensic Toxicology, 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 Toxicology to issue me such certificate, or the suspension, revocation, or making 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 that all of the statements made herein or associated herewith are true, complete, and correct to the best of my knowledge and belief.

Print Name _______________________________________________________

Signature of Applicant _______________________________________________ Date ____________