Certificant Name: ____________________________

ABFT Continuing Education Program – Annual Submission Form (2019)

*** Due May 15, 2020 ***

The form must be filled-out completely for activities accrued January 1, 2019 – December 31, 2019. All information should be entered directly on the form. Do not use “see attached”. Additional pages may only be used if your information exceeds the space provided on the form. Attention to this detail will expedite the timely review and action by the Board.

A minimum of 50 continuing education points must be earned during each 5-year requalification period. One hour of activity will be equivalent to 0.25 points. In order to encourage the accumulation of points over the entire 5-year period, Certificants will be required to submit a minimum of 5 points per year. A provision to allow submission of less than 5 points for one year in a five-year requalification period is permitted (e.g., in the case of an illness), however this form must be submitted with an appropriate fee and waiver request.

Accumulated points greater than 50 will not carry-over into the next requalification period. Selected Certificants will be audited on an annual basis; thus, during a 5-year time period, all Certificants will be audited. Certificants must maintain supporting documentation for all continuing education activities claimed for the 5-year requalification period.

Failure to submit your continuing education data for 2019 by December 31, 2020, or failure to obtain 50 continuing education points during a 5-year requalification period, will result in revocation of your certification by the ABFT.

A Certificant whose certification has been revoked may apply for re-instatement in accordance with ABFT’s policy for reinstatement. The Certificant will be required to submit all continuing education activity for the prior qualification period and pay all applicable fees. In addition, if fewer than 50 continuing education points are obtained, successfully passing the written certification examination will be required prior to granting reinstatement.
INSTRUCTIONS:

1. Complete the form as indicated, making an entry for each item, as applicable. If necessary, attach additional sheets. You must maintain all supporting documentation for your continuing education activities claimed. Audit notices will be mailed separately.

   Important note – Distance learning and self-study submissions must be accompanied by a certificate of completion. Credit for unsupervised self-study will not be granted.

2. This form is provided in MS Word format for ease of use; do not edit the form. This form can only be used to submit continuing education for 2019.

3. All reported activities must be applicable to forensic toxicology. Agendas should be submitted for non-traditional meetings or activities (AAFS, CAT, SAT, SOFT and TIAFT are exempt).

4. The annual continuing education submission/qualification fee is $100. This fee covers your annual continuing education submission, as well as requalification (every five years).

5. Payment by check, money order, (payable to “ABFT”, U.S. Dollars only) or credit/debit card. Please use the attached authorization sheet for credit/debit payments.

6. Send the completed form, additional sheets (if necessary) and payment to:

   US Mail:
   American Board of Forensic Toxicology
   723 N Weber Street, Suite 103
   Colorado Springs, CO 80903

   Or by Email:
   swilliamson@abft.org

7. Submit the completed form and fee by May 15, 2020. After this date, a late fee of $50 will be assessed.
SIGNATURE

In support of the information provided on this form, I affirm 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.

Signature of Certificant: __________________________ Date: ____________
(Original signature is required; digital signature is not permitted.)

ABFT GUIDE TO ETHICS

The American Board of Forensic Toxicology expects all persons holding a Certificate of Qualification from this Board to maintain the good moral character, high integrity, good repute, and high 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.

I agree to abide by the ABFT Guide to Ethics.

Signature of Certificant: __________________________ Date: ____________
(Original signature is required; digital signature is not permitted.)
CONTINUING EDUCATION SUMMARY FOR 2019:

Certificant Name:_______________________________________________________

<table>
<thead>
<tr>
<th>Activity</th>
<th>Allowable Claim (maximum)</th>
<th>Points Claimed</th>
<th>Points Allowed</th>
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</thead>
<tbody>
<tr>
<td>Conducting Forensic Toxicology Casework</td>
<td>2 points</td>
<td></td>
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<tr>
<td>Traditional Continuing Education</td>
<td>20 points</td>
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<tr>
<td>Professional/Technical Development</td>
<td>10 points</td>
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<tr>
<td>Leadership</td>
<td>5 points</td>
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<tr>
<td>Teaching</td>
<td>5 points</td>
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</tr>
<tr>
<td>Organizational Membership</td>
<td>2 points</td>
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<tr>
<td>Other Professional Activities</td>
<td>points to be determined by Board</td>
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<tr>
<td><strong>Total Points for 2019</strong></td>
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Reviewed and approved by (initial & date):
Conducting Forensic Toxicology Casework (2 points max in 1-year period) –
Provide Brief Description of Duties | Place of Employment | Percent FTE | Points
---|---|---|---

Calculation of Points:

*These activities MUST be applicable to forensic toxicology.*

A maximum number of 2 points in a 1-year period for conducting forensic toxicology casework may be claimed. To claim these points, you must be fully-engaged in the conduct of casework including drug analysis, data review and report certification. If you were not employed full-time (one FTE) in 2019, prorate the number of points claimed.

Note: Activities related to expert witness consulting including records review, report writing and preparation for court testimony do not qualify for continuing education credit. In addition, activities related to teaching forensic toxicology do not qualify for continuing education credit in this section; see section titled “Teaching”
<table>
<thead>
<tr>
<th>Traditional Continuing Education (20 points max in 1-year period)</th>
<th>Institution/Sponsor</th>
<th>Location</th>
<th>Date(s)</th>
<th>Points</th>
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<tbody>
<tr>
<td><strong>Meetings:</strong> <strong>LIST WORKSHOPS AND SEMINARS BELOW</strong></td>
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<td><strong>Maximum number of points for AAFS and SOFT meetings is 6 each.</strong></td>
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<tr>
<td><strong>Workshops and Seminars:</strong> Provide workshop titles. Also indicate half-day (1 point) or full-day (2 points). Maximum number of points for AAFS and SOFT meetings is 4 each.</td>
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</table>

**Examples of Activities:** These activities MUST be applicable to forensic toxicology.
- Meetings of professional organizations (scientific sessions only) 0.25 points/contact hour
- Meetings, short courses, workshops or seminars 2 points/day
- Relevant college or university level courses 10 points/3 credit hours
- Other documented education (distance learning, self-study) 0.25 point/hour

**Examples of Documentation:**
- Registration receipt or badge
- Certificate of participation
- Transcript
- Certificate of completion

© 2020 ABFT, Inc., Continuing Education Program – Annual Submission Form (2019)
<table>
<thead>
<tr>
<th>Traditional Continuing Education (20 points max in 1-year period)</th>
<th>Institution/Sponsor</th>
<th>Location</th>
<th>Date(s)</th>
<th>Points</th>
</tr>
</thead>
</table>

Including Self-Study and Distance Learning: **Submit Documentation of Participation and/or Completion.**

<table>
<thead>
<tr>
<th>Examples of Activities:</th>
<th>Examples of Documentation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meetings of professional organizations (scientific sessions only)</td>
<td>0.25 points/contact hour</td>
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<td>10 points/3 credit hours</td>
</tr>
<tr>
<td>Other documented education (distance learning, self-study)</td>
<td>0.25 point/hour</td>
</tr>
</tbody>
</table>

Note: Training provided by an employer on-the-job is not applicable. This includes vendor and third-party representatives brought on-site as part of mandatory on-the-job training. Self-Study outside the scope of forensic toxicology, including but not limited to, courses in management or safety are not applicable.
Professional/Technical Development  
(10 points max in 1-year period) | Where Presented/Published | Points |
---|---|---|

| | | |

Examples of Activities: **These activities MUST be applicable to forensic toxicology:**  
Research presented at a meeting or published in a peer-reviewed journal article (provide citation)  
Authorship of a book chapter or monograph  
Reviewer/referee of a technical manuscript or abstract

Examples of Documentation:  
Copy of written works  
Letter from Editor  
Copy of review  
Provide name of journal and number of reviews only

Leadership  
(5 points max in 1-year period) | Organization/Institution | Points |
---|---|---|

| | | |

Examples of Activities: **These activities MUST be applicable to forensic toxicology:**  
Elected officer or Board member in a professional organization  
Committee/Workshop Chair  
Committee Member/Meeting Moderator

Examples of Documentation:  
Letter of appointment  
Report/Program  
Report/Program

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### Teaching (Not Job Related) (5 points max in 1-year period)

<table>
<thead>
<tr>
<th>Institution/Sponsor</th>
<th>Location</th>
<th>Dates</th>
<th>Points</th>
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</table>

**Examples of Activities:**
*These activities MUST be applicable to forensic toxicology.*
- Teaching of forensic toxicology-related subject: 1 point/contact hour
- Teaching of science-related subject: 0.5 point/contact hour
- Presentation in a short course or workshop or seminar: 1 point/contact hour

**Examples of Documentation:**
- Syllabus
- Evaluation
- Letter of thanks

### Organizational Membership (2 points max in 1-year period)

<table>
<thead>
<tr>
<th>Points</th>
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**Examples of Activities:**
*These activities MUST be applicable to forensic toxicology.*
- Membership in forensic science organization: 1 point/year
- Membership in scientific organization: 0.5 point/year

**Examples of Documentation:**
- Membership directory
Other Professional Activities Not Related to Previous Categories  
(points to be determined by Board)  

<table>
<thead>
<tr>
<th>Points</th>
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Examples of Activities:  

These activities **MUST** be applicable to forensic toxicology.

Laboratory Inspections (1 point per inspection; maximum 2 points per year). List certification organization and number of inspections only; do not specify the name of the laboratory.

Note: The following activities do **NOT** qualify for continuing education credit:

- Preparation for court testimony.
- Court testimony.
- Activities related to expert witness consulting.

Comments:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Credit/Debit Card Authorization Form:

Card Type:      __ Visa      __ MasterCard      __ Debit

Card Number: ________________________________

Name as it appears on card: ________________________________

Billing Zip Code: ________________________________

Expiration Date: _____________       Security Code: _________________

Signature: ________________________________