



Southwestern Association of Forensic Scientists Promotion Form

The Board of Directors votes on member promotion applications once annually at the Board of Directors meeting according to the current Association Constitution and Bylaws. For proper verification and consideration, applications should be received at least 1 month prior to the Board of Directors meeting. Please attach current curriculum vita for verification of information listed (meeting attendance, committee service, Journal contributions, etc.) or other supporting documentation as necessary.

Email to: swafsmembership@swafs.us

214-289-4445

www.swafs.us

Current Status Student Associate Partner Regular Distinguished

Applicant for Associate Regular Distinguished Emeritus

Preferred Mailing Information Home Work

Name	_____	Telephone	_____
Agency	_____	Fax	_____
Address	_____	Email Address	_____
	_____	Date of Employment	(/ /)
City	_____	Date of Birth	(/ /)
State	_____	Postal Code	_____
Country	_____		

Promotion Criteria

There is a minimum of 2 years of experience as a practicing forensic scientist to be eligible for Regular membership. Distinguished membership is awarded those members who acquire at least 15 points through their contributions to SWAFS in the categories outlined below. Points earned must be in at least 4 of the 7 listed categories with a maximum of 4 points for meeting attendance. President-Elect, President and Chairman of the Board is counted once since it is one time served. Emeritus status may be awarded to any Regular or Distinguished member who has had at least 25 years as a member of SWAFS or who after at least 5 years as a member has reached the age of 65 or is on retired status from his/her usual place of employment in the field of forensic science. (For further guidance, refer to the current Constitution and Bylaws.)

1. Meeting Attendance (1 pt. each)

	Location – Date
1.	_____
2.	_____
3.	_____
4.	_____

2. Meeting Host (2 pts. each)

	Location – Date
1.	_____
2.	_____
3.	_____
4.	_____

3. Committees (2 pts per year)

Committee – Date

- 1. _____
- 2. _____
- 3. _____
- 4. _____

4. Offices Held (3 pts. each)

Office – Date

- 1. _____
- 2. _____
- 3. _____
- 4. _____

5. Journal Contributions (2 pts. each)

Title – Date

- 1. _____
- 2. _____
- 3. _____
- 4. _____

6. Journal Editor (3 pts. per year)

Journal Volume and Issue # – Date

- 1. _____
- 2. _____
- 3. _____
- 4. _____

7. Workshop or Paper Presentation (2 pts. per presentation)

Title – Date

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Miscellaneous Information

- Y N Have you ever been investigated, censured or disciplined for unethical conduct or procedure? If yes, please attach explanation.
- Y N Have you ever had any license or certification revoked? If yes please attach explanation.

Signature: _____ **Date:** _____

I certify by my signature above that to the best of my knowledge all of the statements contained herein and on any attachments are true, correct, complete, and made in good faith. My signature authorizes the SWAFS or any of its officers or staff to verify the accuracy of any of the information provided in or as part of this application. New Membership Applications and documents will be archived for a 3-year period with the Membership Committee. After this 3-year period, those records will be shredded. If you require permanent records be archived you will need to keep them yourself. All old applications will be purged once pertinent information is obtained and archived electronically

Committee Use Only

Meeting Attendance _____ Meeting Host _____ Committees _____
 Offices Held _____ Journal Contributions _____ Journal _____
 Editor _____ Workshops/Presentations _____
Total Points _____