

COLORADO CORONERS ASSOCIATION APPLICATION

For Death Investigator Certification

Attach your
current face
photo here 2" x 2"
Professional, work
appropriate pictures
ONLY

Attach your business card here

Name: _____ Title: _____
Work phone number: _____ Date of Birth: _____
County: _____ Coroner: _____
Mailing Address: _____
Email: _____
Cell phone: _____ Home phone: _____

CANDIDATE MUST POSSESS A HIGH SCHOOL DIPLOMA OR GED:

School: _____
Address: _____
Year issued: _____

(Please include a copy of Certificate)

EDUCATION IN MEDICAL OR LAW ENFORCEMENT FIELD:

School: _____
Address: _____
Field: _____ Year: _____
Degree: _____ License: _____ Certificate: _____

(Please include a copy of Certificate/ Diploma/ License)

CANDIDATE WILL HAVE ATTENDED Colorado Coroners Association's Seminar or
a National Seminar on Death Investigation.

Course Attended: _____
Institution: _____
Date: _____ *(Please include a copy of Certificate)*

Candidate will have investigated 10 deaths:

Attendance at death investigations must be signed off by a certified death investigator. You will have investigated 10 deaths and attended 5 autopsies performed by a Board-certified forensic pathologist.

1. Cause/ Manner: _____
Autopsy -- Yes No Age/Sex _____ Date _____
Certified by (print name and sign) _____
2. Cause/ Manner: _____
Autopsy -- Yes No Age/Sex _____ Date _____
Certified by (print name and sign) _____
3. Cause/ Manner: _____
Autopsy -- Yes No Age/Sex _____ Date _____
Certified by (print name and sign) _____
4. Cause/ Manner: _____
Autopsy -- Yes No Age/Sex _____ Date _____
Certified by (print name and sign) _____
5. Cause/ Manner: _____
Autopsy -- Yes No Age/Sex _____ Date _____
Certified by (print name and sign) _____
6. Cause/ Manner: _____
Autopsy -- Yes No Age/Sex _____ Date _____
Certified by (print name and sign) _____
7. Cause/ Manner: _____
Autopsy -- Yes No Age/Sex _____ Date _____
Certified by (print name and sign) _____
8. Cause/ Manner: _____
Autopsy -- Yes No Age/Sex _____ Date _____
Certified by (print name and sign) _____
9. Cause/ Manner: _____
Autopsy -- Yes No Age/Sex _____ Date _____
Certified by (print name and sign) _____
10. Cause/ Manner: _____
Autopsy -- Yes No Age/Sex _____ Date _____
Certified by (print name and sign) _____

Candidate will have attended five autopsies:

Performed and signed by a Board-certified forensic pathologist.

Date	Place	Cause	Manner	Pathologist	Signature
1.					
2.					
3.					
4.					
5.					

I hereby certify that all the information given is true and accurate to the best of my knowledge. I further certify that I am a member in good standing with Colorado Coroners Association and have attended at least one Colorado Coroners Association training session per year, and have no felony conviction against my record nor do I have any charges pending at this time. I am submitting this application in good faith for certification by the Colorado Coroners Association.

Applicants Signature: _____ Date: _____

I hereby certify that the above information is true and accurate to the best of my knowledge and have completed a standard background check on the above mentioned applicant and recommend he/she be certified by the Colorado Coroners Association.

Elected Coroner signature: _____

County: _____ Date: _____

For Board Use Only

CCA Approved Yes No If no, give reason _____

Code of Ethics Autopsies Investigations Diploma Seminar Photo

Sent to applicant Letter Email Certificate Date Sent _____

Board Signature _____ Date _____

Return forms to: Jenny Vien, CCA Certification Chair, 7390 Julynn Road,
Colorado Springs, Colorado 80919 970-628-5151 office 719.309.6625 fax
or

Scan and email it to: coloradocoroners@gmail.com



COLORADO CORONERS CODE OF ETHICS

As a county coroner or coroner investigator, my fundamental duty is to serve mankind in the process of a thorough, comprehensive search for truth through medico-legal death investigation.

Honesty, integrity, competence, compassion, and fairness will be my guidelines. I will obey all laws and adhere to the regulations of my department. Confidentiality will be kept at all times unless necessary information is to be shared in the performance of duty.

Personal feelings, prejudices, or friendships will not influence my decisions.

I recognize my position is a public trust and I will be true to these ethics.

I will continue to study, train, and work to advance scientific knowledge in my chosen field. I will readily seek consultation and use the talents and knowledge of others.

I will constantly strive to achieve these objectives and ideals dedicating myself to justice.

Signature

Date