

OHCQ Statement of Qualifications Form

Name _____ Date _____
Laboratory _____
Job Title _____

Indicate all disciplines in which you perform casework:

- | | | | |
|---|---|--|------------------------------------|
| <input type="checkbox"/> Controlled Substance | <input type="checkbox"/> Toxicology | <input type="checkbox"/> Latent Prints | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Firearms/Toolmarks | <input type="checkbox"/> Biology | <input type="checkbox"/> Entomology | |
| <input type="checkbox"/> Trace Evidence | <input type="checkbox"/> Questioned Documents | <input type="checkbox"/> Odontology | |

List all sub-disciplines in which you perform casework:

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Education: List all higher academic institutions attended (list high school only if no college degree has been attained)

Institution	Dates Attended	Major	Degree Completed

Other Training: List continuing education, workshops, in-services and other formal training received.

Court Room Experience: List the discipline(s) in which you have qualified to testify as an expert witness and indicate over what period of time and approximately how many times you have testified in each.

Professional Affiliations. List any professional organizations of which you are or have been a member. Indicate any offices or other positions held and the date(s) of these activities.

Employment History. List all scientific or technical positions held, particularly those related to forensic science. List your current position first. Be sure to indicate employer and give a brief summary of principal duties and tenure in each position.

Job Title:	Tenure:
Employer:	
Brief description of principal duties:	

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Employer:

Brief description of principal duties:
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Other Qualifications: List below any scientific publication and/or presentation you have authored or co-authored, research in which you are or have been involved, academic or other teaching positions you have held, and any other information which you consider relevant to your qualification as a forensic scientist. (Use additional sheets if necessary).
