

International Association of Bloodstain Pattern Analysts

REQUEST FOR PROMOTION

Name
(Last) _____ (First) _____ (Middle Initial) _____

Member # _____

Business Address

Agency _____

Street _____

City, State, Zip _____

E-mail : _____

IABPA Membership Number: _____

Business Phone () _____

International Time Zone _____

Length of Time as IABPA Provisional Member: Years _____ Months _____

Length of Time in Bloodstain Pattern Interpretation casework
and/or research:

Years _____ Months _____

Bloodstain Pattern Interpretation Experience: *The following is not a requirement for promotion but is for informational purposes.*

Describe briefly your background in each area including approximately how many crime scenes you have worked, how many times you have testified as an expert, and any teaching experience (use additional pages if required). **List only the experience which applies to bloodstain pattern interpretation training, crime scene work, testimony and teaching.**

Training Received: _____

Crime Scene Experience: _____

Courtroom Testimony: _____

Teaching Experience: _____

Professional References (list two):

Name	Mailing Address/Phone
_____	_____
_____	_____
_____	_____

Signature: _____ Date: _____

MUST BE SUBMITTED 60 DAYS PRIOR TO THE ANNUAL CONFERENCE

Send this request to:
IABPA
12139 EAST MAKOH OH TRL
TUCSON AZ
857498179

Fax: 520.760.5590

12/06