NamUs ACADEMY NOMINATION FORM

National Missing and Unidentified Persons Training Academy

1. Medical Examiner/Coroner Representative – This individual is a Medical Examiner (ME), Coroner (C), or ME/C Investigator who is a member in-good-standing, or certified by the NAME, IACME, and/or ABMDI with 5 years of experience (full-time). Name and Title: Email: Contact Number(s):____ Agency/Office:_____ City/State/Zip: 2. Law Enforcement Representative – This individual is a sworn officer within a federal/state/local law enforcement agency or department of public safety who should have "training officer" status with experience in the investigation of missing persons (specifically adults). He/She should be an active member of their state, national, or international professional organization (e.g., NSA, IACP, etc.) and considered in-good-standing with their agency of employment with at least 5 years experience in the field of missing person's investigation. Name and Title: Contact Number(s): City/State/Zip:____ 3. Missing Persons Clearing House Representative— This individual is an employee of a state/local government agency responsible for the evaluation and distribution of missing person's data, including "adults." This team member will be considered in-good-standing with their employer and have at least 5 years (full-time) experience in the field of missing persons investigation. Email: Contact Number(s):_____ Agency/Office:_____

City/State/Zip:

4. Forensic Science Representative—This individual is considered an "expert" in their field of forensics and a member in-good-standing with AAFS from one of the following AAFS membership sections: Criminalistics, Odontology, Pathology/Biology, and/or Physical Anthropology. This individual will hold appropriate status (i.e., diplomat) within their chosen specialty and have knowledge of various scientific identification techniques including; DNA, fingerprint, dental and radiographic applications in the identification of missing persons. He/She should be considered in-good-standing with professional organizations such as the IAI or the ABC, with documented experience within their specialty area equal to 5 years full-time employment with the 10 years.

Name and True:
Email:
Contact Number(s):
Agency/Office:
Address:
City/State/Zip:
5. Victim Advocate— This individual is a paid or volunteer member of at least one of the "recognized" not-for-profit state or national missing person's organizations (e.g. DOE Network, NCMA, etc.). This individual has a proven track-record of professional conduct while working with the many "participants" in the investigation, location and identification of missing persons. In addition, this person shall understand the personal and professional diligences required, endure investigations of this type and complexity. He/She should be considered in-good-standing with their community and local law enforcement agency or agencies.
Name and Title:
Email:
Contact Number(s):
Agency/Office:
Address:
City/State/Time

Please return your completed nomination form via email to (research@orainc.com) or Fax it to 231-796-0014.

Please return this form as soon as possible.

THANKS!!! Questions call: 231-796-2822