



**NEW YORK STATE ASSOCIATION**  
*of*  
**COUNTY CORONERS**  
*and*  
**MEDICAL EXAMINERS**

**ACCREDITATION POLICY**

**Initial accreditation requires that each coroner/medical examiner has been in office for at least one year and an active member in good standing of NYSACCME for at least one year. Upon that one (1) year of service, 54 credits of educational accreditation are needed; 36 credits to be from NYSACCME sponsored training courses.**

**Every three (3) years to be reaccredited, the coroner/medical examiner needs a total of 36 credits in continuing education. To guarantee that this training has some responsiveness to the needs of New York State at least 18 credits must be in NYSACCME sponsored training courses.**

**The descriptions of the categories listed are as follows:**

**A - NYSACCME sponsored seminar/program**

**B - Credit is given to sponsors from organizations, i.e. AMA, AOA, Local Government, criminal justice training courses, or other courses with appropriate forensic thrust as determined by the Accreditation Board.**

**C - Credit comes from training in any formal mechanism as approved and evaluated by the Accreditation Board. This can include college and other formal course work.**

**SEND ALL NECESSARY FORMS AND CERTIFICATES to Dr. Borzell at the address below.**

**If you have questions, contact:**

**Blanche A. Borzell, M.D.  
801 N. Decatur Street  
Watkins Glen, NY 14891**

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**CONTINUING EDUCATION REPORT FORM**  
**BIOGRAPHICAL UPDATE**

Please check one: INITIAL ACCREDITATION  REACCREDITATION

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Representing the County of \_\_\_\_\_

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**OFFICE:** Address \_\_\_\_\_ **HOME:** Address \_\_\_\_\_

City / State \_\_\_\_\_ City / State \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

The preferred mailing address to use is \_\_\_\_\_

Your current title \_\_\_\_\_ Full \_\_\_\_\_ or Part time \_\_\_\_\_

Appointed or elected position \_\_\_\_\_ Number of years appointed for \_\_\_\_\_  
Term expires \_\_\_\_\_

Name of your supervisor \_\_\_\_\_

If applicable, the prior related title you held \_\_\_\_\_ Number of years at this position \_\_\_\_\_

Field / Scene investigations are done by: Self \_\_\_\_\_  
Own department \_\_\_\_\_  
Other (please specify) \_\_\_\_\_  
(i.e. Local, County, State Police, DA, etc.) \_\_\_\_\_

If you are a MD or DO, are you Board Certified in Pathology? AP \_\_\_\_ CP \_\_\_\_ Forensic \_\_\_\_  
Other \_\_\_\_

Number of support staff in your department: Clerical \_\_\_\_\_ Full or part-time \_\_\_\_\_  
Investigator \_\_\_\_\_ Full or part-time \_\_\_\_\_  
Morgue \_\_\_\_\_ Full or part-time \_\_\_\_\_  
Other \_\_\_\_\_ Full or part-time \_\_\_\_\_

Does your County have an organized health department? Yes \_\_\_\_ No \_\_\_\_

**NYSACCME ACCREDITATION**

Please give a comprehensive list of dates, topics, sponsors (including addresses), credit hours and the specified category of all seminars/programs you have attended. Please attach copies of the completion certificates for each seminar, etc. for verification.

DATE	TOPIC	SPONSOR/ADDRESS	CATEGORY			CREDIT HRS.
			A	B	C	
			A	B	C	
			A	B	C	
			A	B	C	
			A	B	C	
			A	B	C	
			A	B	C	
			A	B	C	

See Accreditation Policy for Descriptions of Categories

Signature \_\_\_\_\_

I certify the above information is correct.

Date \_\_\_\_\_