Florida Department of Law Enforcement **Medical Examiners Commission**

Associate Medical Examiner Notice of Appointment / Termination of Appointment

District **District Medical Examiner Date Reported**

AME APPOINTMENT

AME TERMINATION

Name (Last, First, MI, Degree) Name (Last, First, MI, Degree)

Appointment Date Termination of Appointment Date

Florida License Number Date Reason

(Please provide a brief explanation) **Board Certifications** Date

> Date Date

Medical School

Graduation Date

Internship Location

Completion Date

Residency Location

Completion Date

Pathology Experience (approximate years)

Current Employment

Comments

(Please note if secondary appointment for cross coverage)