

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT * MEDICAL EXAMINERS COMMISSION
ASSOCIATE MEDICAL EXAMINER**

NOTICE OF APPOINTMENT / TERMINATION OF APPOINTMENT

A. Complete this section only to notice the **APPOINTMENT** of an Associate ME.

Name (Last, First, MI, Degree)

Address (Office)

City State Zip Code

Telephone (Office)

Address (Home)

City State Zip Code

Telephone (Home)

Appointment Date

Florida License No. Date

Board Certifications Date

Date

Date

Medical School

Graduation Date

Internship Location

Completion Date

Residency Location

Completion Date

Pathology Experience (Approximate Years)

Current Employment

B. Complete this section only to notice **TERMINATION** of appointment of an AME.

Name (Last, First, MI, Degree)

Address (Office)

City State Zip Code

Telephone (Office)

Termination of Appointment Date

Reason (brief explanation)

Comments

Reported to MEC on this Date

District Medical Examiner

District