

**International Association of Bloodstain Pattern Analysts**

**Request For Promotion Application**

Name: \_\_\_\_\_  
(Last) (First) (Initials)

Member # \_\_\_\_\_

Business Address:

Agency: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State/Province, County, ZIP/Postal Code:

\_\_\_\_\_

E-mail : \_\_\_\_\_

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 – for general information only):

Briefly describe your background in each area; including the approximate number of crime scenes you have examined, the number of times that you have testified as an expert and any instructing experience. Provide only the experience that applies to bloodstain pattern interpretation training, crime scene work, testimony, and instructing.

Training Received: \_\_\_\_\_

Crime Scene Experience: \_\_\_\_\_

Courtroom Testimony : \_\_\_\_\_

Other Relvant Experience: \_\_\_\_\_

\_\_\_\_\_

Teaching Experience: \_\_\_\_\_

Professional References (list two):

Name/Mailing Address/Phone

E-Mail address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name/Mailing Address/Phone

E-Mail address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

\_\_\_\_\_

\_\_\_\_\_

**THIS FORM MUST BE SUBMITTED 60 DAYS PRIOR TO THE ANNUAL CONFERENCE**

Send this request to:

IABPA

12139 EAST MAKOH OH TRL

TUCSON AZ 857498179

Or: [norman@bloody1.com](mailto:norman@bloody1.com) .