

International Association of Bloodstain Pattern Analysts

Request For Promotion Application

Name: _____
(Last) (First) (Initials)

Agency/Company: _____

Agency Address: _____

City County State/Province ZIP/Postal Code

Home Address: _____

City County State/Province ZIP/Postal Code

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: _____

