



REFERENCE FORM

Application for Certification in Forensic Toxicology (ABFT Use Only)

ABFT Application Number _____ Date Application Received _____ Date Issued _____

PERSON PROVIDING REFERENCE: _____

APPLICANT NAME: _____

DATE REFERENCE MAILED TO ABFT: _____

INSTRUCTIONS

You have been identified by the noted ABFT applicant as an individual who has personal knowledge of the applicant's work and formal training in forensic toxicology and is qualified to verify competency, formal training, and ethical conduct relative to forensic toxicology. If you feel unqualified to respond, or you choose not to act as a reference for any reason, please *answer Item No. 5 only*.

Please complete all sections completely and concisely. Each portion must be completed, or your reference will be unacceptable.

When completed, sign and date this form, then return it immediately to the ABFT Administrative Office at the address below.

**FAILURE TO RESPOND WITHIN 15 DAYS MAY JEOPARDIZE THE APPLICATION.
INCOMPLETE FORMS WILL NOT BE ACCEPTED.**

Please return the completed form via email or mail to:

ABFT Administrative Office and Testing Center
5540 N Academy Blvd, Suite 230
Colorado Springs, CO 80918
swilliamson@abft.org

APPLICANT REFERENCE FORM

1. KNOWLEDGE OF APPLICANT

Please describe your knowledge of this applicant. ALL sections must be completed to include:

A. Length of time known to you:

B. Your working relationship with applicant:

C. Type of forensic work applicant performs:

D. Percentage of time currently devoted to work in forensic toxicology:

E. Formal training in forensic toxicology:

F. Are you the immediate supervisor of this applicant? ☐ Yes ☐ No

If yes, does the applicant perform interpretation in the medicolegal context (e.g., consultation with medical examiners, coroners, attorneys, law enforcement, other medical doctors; opinion testimony in deposition and/or trial)? ☐ Yes ☐ No

2. ETHICS

A. Please comment on your knowledge of the applicant's ethical character.

B. To the best of your knowledge, has the applicant ever been censured for unethical conduct or procedure?
☐ Yes ☐ No

3. RECOMMENDATION

Do you recommend this applicant to the ABFT? ☐ Yes ☐ No

If no, please state reason(s).

4. COMMENTS

Please use the space below for any other comments you wish to make concerning this applicant.

5. DEFERRAL

☐ Check here if you choose, for any reason, not to act as a reference for this applicant.

To the best of my knowledge, the statements contained herein are true and accurate.

Printed Name

Signature (Digital Signature Unacceptable)

Date

Reference form must be completed within 15 days of receipt to prevent application being placed in inactive status. Thank you for your prompt attention to this matter.