

ABMDI COURSE ACCREDITATION PROCEDURES AND GUIDELINES

The ABMDI is providing guidelines to be used in evaluating proposed training for continuing education. The guidelines shall be updated as necessary and approved by the Board at their annual meeting(s).

The following guidelines are used to evaluate proposed training:

1. Courses approved for continuing education credit by one of the following groups or agents will be accepted including any internet course and/or any telecourse that is interactive in its design or has a local facilitator that are relevant to the field of medicolegal death investigation: **American Medical Association, Category I,; American Bar Association; American Nursing Association; American Academy of Physicians Assistants; American Society for Clinical Pathology; College of American Pathologists; Emergency Medical Services; Federal Emergency Management Agency; International Association for Continuing Education and Training, Peace Officer Standards and Training; Pennsylvania Coroners Education Board and US Department of Homeland Security.**
2. Courses offered by an educational institution that has been accredited by one of the National Accrediting Educational Associations that are relevant to the field of medicolegal death investigation, e.g. **Southern Association of Colleges and Schools, North Central Association of Colleges and Schools**, etc.
3. Programs not included in 1 or 2 above must be reviewed by the ABMDI using the attached Request for Course Accreditation Form in order to be considered for approval.
 - a. Requests must be submitted at least 60 days prior to the program date, to allow time for review and notification.
 - b. The ABMDI will review the materials submitted with the Request for Course Accreditation Form to evaluate content and determine whether the course meets ABMDI standards for accreditation.
4. Hours must apply specifically toward: Interacting with Federal, State and Local agencies; Communication; Interacting with families; Death Investigation; identifying and preserving evidence; Maintaining ethical and legal responsibilities; Scientific and medical knowledge; Coping with job related stress.
5. All courses claimed for CEU must receive approval **prior** to instruction.
6. A course accreditation number will be issued for approved courses.
7. Re-accreditation is required **annually**. However, previously approved courses require only the Request for Course Accreditation Form including a statement on the Form that there have been no significant changes to the content of the course and a syllabus/ schedule to verify there have been no changes.
 - a. Curriculum changes will require new accreditation/review.
8. There will be a \$50 fee for an ABMDI accreditation number for courses approved by #1 or #2 and reaccreditation.
There will be a \$100 fee for courses not approved by #1 or #2.

REQUEST FOR COURSE ACCREDITATION BY THE ABMDI

Original Accreditation Re-Accreditation Date Submitted: _____

Requested by (Department or Agency): _____

Contact Person: _____ Phone: _____

Mailing Address: _____

Email: _____ Web Page: _____

Course Title: _____ Hours Requested: _____

The following must be attached to this application:

Course Brochure

Documentation showing your course has been approved for continuing education credits by one of the groups, agents or education institutions outlined in number 1 or 2 of the ABMDI course accreditation procedures and guidelines.

Approving Agency: _____ Hours Approved: _____

Copy of course schedule including actual hour(s) of instruction

Payment Submitted: Payment can be made by check or credit card:

Credit Card Number: _____

Expiration date: _____

If you are applying for ***original accreditation***, you must also attach and label the following documents:

Curriculum vitae of all instructors

Copy of course materials/outline

As the program coordinator I will ensure that a public statement will be made, and a similar statement published in the course materials, that the views and opinions of the presenters are not those of the American Board of Medicolegal Death Investigators.

Signature: _____ **Date:** _____

FOR ABMDI USE **Date Received by ABMDI:** _____ **Date Submitted to Reviewer:** _____

Approved Total Hours Approved: _____ Accreditation Expires: _____ Course #: _____

Disapproved Explanation: _____

