

# COLORADO CORONERS ASSOCIATION APPLICATION

## For Death Investigator Certification

Attach your  
current face  
photo here 2" x 2"

**Professional, work  
appropriate pictures  
ONLY**

Attach your business card here

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Work phone number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
County: \_\_\_\_\_ Coroner: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

### CANDIDATE MUST POSSESS A HIGH SCHOOL DIPLOMA OR GED:

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Year issued: \_\_\_\_\_

*(Please include a copy of Certificate)*

### EDUCATION IN MEDICAL OR LAW ENFORCEMENT FIELD:

School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Field: \_\_\_\_\_ Year: \_\_\_\_\_  
Degree: \_\_\_\_\_ License: \_\_\_\_\_ Certificate: \_\_\_\_\_

*(Please include a copy of Certificate/ Diploma/ License)*

CANDIDATE WILL HAVE ATTENDED Colorado Coroners Association's Seminar or  
a National Seminar on Death Investigation.

Course Attended: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Date: \_\_\_\_\_ *(Please include a copy of Certificate)*

**Candidate will have investigated 10 deaths:**

Attendance at death investigations must be signed off by a certified death investigator. You will have investigated 10 deaths and attended 5 autopsies performed by a Board-certified forensic pathologist.

1. Cause/ Manner: _____ Autopsy -- Yes <input type="checkbox"/> No <input type="checkbox"/> Age/Sex _____ Date _____ Certified by (print name and sign) _____
2. Cause/ Manner: _____ Autopsy -- Yes <input type="checkbox"/> No <input type="checkbox"/> Age/Sex _____ Date _____ Certified by (print name and sign) _____
3. Cause/ Manner: _____ Autopsy -- Yes <input type="checkbox"/> No <input type="checkbox"/> Age/Sex _____ Date _____ Certified by (print name and sign) _____
4. Cause/ Manner: _____ Autopsy -- Yes <input type="checkbox"/> No <input type="checkbox"/> Age/Sex _____ Date _____ Certified by (print name and sign) _____
5. Cause/ Manner: _____ Autopsy -- Yes <input type="checkbox"/> No <input type="checkbox"/> Age/Sex _____ Date _____ Certified by (print name and sign) _____
6. Cause/ Manner: _____ Autopsy -- Yes <input type="checkbox"/> No <input type="checkbox"/> Age/Sex _____ Date _____ Certified by (print name and sign) _____
7. Cause/ Manner: _____ Autopsy -- Yes <input type="checkbox"/> No <input type="checkbox"/> Age/Sex _____ Date _____ Certified by (print name and sign) _____
8. Cause/ Manner: _____ Autopsy -- Yes <input type="checkbox"/> No <input type="checkbox"/> Age/Sex _____ Date _____ Certified by (print name and sign) _____
9. Cause/ Manner: _____ Autopsy -- Yes <input type="checkbox"/> No <input type="checkbox"/> Age/Sex _____ Date _____ Certified by (print name and sign) _____
10. Cause/ Manner: _____ Autopsy -- Yes <input type="checkbox"/> No <input type="checkbox"/> Age/Sex _____ Date _____ Certified by (print name and sign) _____

# **Candidate will have attended five autopsies:**

**Performed and signed by a Board Certified forensic pathologist.**

Date	Place	Cause	Manner	Pathologist	Signature
1.					
2.					
3.					
4.					
5.					

*I hereby certify that all the information given is true and accurate to the best of my knowledge. I further certify that I am a member in good standing with Colorado Coroners Association and have attended at least one Colorado Coroners Association training session per year, and have no felony conviction against my record nor do I have any charges pending at this time. I am submitting this application in good faith for certification by the Colorado Coroners Association.*

*Applicants Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*I hereby certify that the above information is true and accurate to the best of my knowledge and have completed a standard background check on the above-mentioned applicant and recommend he/she be certified by the Colorado Coroners Association.*

*Elected Coroner signature:* \_\_\_\_\_

*County:* \_\_\_\_\_ *Date:* \_\_\_\_\_

### *For Board Use Only*

*CCA Approved* Yes  No  *If no, give reason*

*Code of Ethics*  *Autopsies*  *Investigations*  *Diploma*  *Seminar*  *Photo*

*Sent to applicant* Letter  Email  Certificate  *Date Sent*

*Board Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Return forms to: Jenny Vien, CCA Certification, 7390 Julyynn Road,  
Colorado Springs, Colorado 80919 970-628-5151 office 719.309.6625 fax  
Scan and email it to: [coloradocoroners@gmail.com](mailto:coloradocoroners@gmail.com)*

**IF YOU DO NOT RECEIVE YOUR CERTIFICATE WITHIN 10 DAYS, PLEASE CALL US**



# COLORADO CORONERS CODE OF ETHICS

As a county coroner or coroner investigator, my fundamental duty is to serve mankind in the process of a thorough, comprehensive search for truth through medico-legal death investigation.

Honesty, integrity, competence, compassion, and fairness will be my guidelines. I will obey all laws and adhere to the regulations of my department. Confidentiality will be kept at all times unless necessary information is to be shared in the performance of duty.

Personal feelings, prejudices, or friendships will not influence my decisions.

I recognize my position is a public trust and I will be true to these ethics.

I will continue to study, train, and work to advance scientific knowledge in my chosen field. I will readily seek consultation and use the talents and knowledge of others.

I will constantly strive to achieve these objectives and ideals dedicating myself to justice.

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Signature

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Date