

Name: \_\_\_\_\_

**AUTOPSY VIEWING REQUIREMENTS**

**One (1) hour of viewing a forensic autopsy is equivalent to one (1) point.**

The following requirements have been met to obtain credit:

- Applicant **must** be in the same room as the forensic pathologist during the autopsy, viewing from another room or observation area is not accepted
- Applicant **must** be able to hear and speak with the forensic pathologist during the autopsy
- Applicant **must** be able to hear or review investigative report
- Applicant **must** discuss autopsy findings with forensic pathologist
- Autopsy viewing **must** be done within five (5) years of application submission.
- Time is only granted for actual time viewing the autopsy.
  - If viewing multiple autopsies at one time, this does not count toward more hours.

**Total Autopsy Viewing Points Claimed \_\_\_\_\_  
(Maximum of 64 points)**

**ATTACH AUTOPSY VIEWING LOG.**

\*Please be sure that contact information for the forensic pathologist is accurate and up to date as this information can be verified by the ABMDI office.

Name: \_\_\_\_\_

**AUTOPSY VIEWING LOG**

Date: \_\_\_\_\_ Hours Claimed: \_\_\_\_\_

Office name and location: \_\_\_\_\_

\_\_\_\_\_

Cause and Manner: \_\_\_\_\_

Forensic Pathologist who performed the autopsy: \_\_\_\_\_

Forensic Pathologist Phone number: \_\_\_\_\_

Forensic Pathologist Email: \_\_\_\_\_

Forensic Pathologist's Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Hours Claimed: \_\_\_\_\_

Office name and location: \_\_\_\_\_

\_\_\_\_\_

Cause and Manner: \_\_\_\_\_

Forensic Pathologist who performed the autopsy: \_\_\_\_\_

Forensic Pathologist Phone number: \_\_\_\_\_

Forensic Pathologist Email: \_\_\_\_\_

Forensic Pathologist's Signature: \_\_\_\_\_