

Miami-Dade County Medical Examiner Department Forensic Imaging Preceptorship Program

Course Objective

The Forensic Imaging Preceptorship provides one of a kind, hands on experience not offered in many other institutions. The student involvement in autopsy, crime scene, evidence, and studio photography provides many unique opportunities. The student will also become proficient in state of the art alternate light source photography which helps make evidence that is not seen with the naked eye visible.

The program is structured to cover many key areas and yet is very flexible and changes with the day-to-day curriculum. Due to the nature of the program, it is best suited for the student who is enthusiastic, a quick learner and is highly self-motivated.

Aside from these qualities, the student should have either a strong biomedical photography background or should have professional photographic experience. Some knowledge of biology and computers is recommended.

Upon completion of the course, students will possess specialized photographic and computer graphic imaging skills along with a fundamental working knowledge of forensic photography.

Program Structure

The curriculum varies greatly from one day to another. For this reason, the program consists of both didactic and “hands on” instruction. It should be understood that there is no definitive time period or rigid structure devoted to each section of the Preceptorship. Good time management and planning on the part of the student is paramount to be successful. The student will have one-on-one interaction with each of the instructors of the specific categories prior to completion of the Preceptorship.

Autopsy/Medical Photography

Autopsy photography is the most basic aspect of forensic photography work and it is where the students will spend the majority of their time. The students will be in the morgue photographing autopsies on a rotational basis, roughly every other week and assigned weekends and holidays for the duration of the internship. In many cases, the photograph is the only suitable description for autopsy records. It can be used in teaching materials, or as evidence in legal proceedings. Skills learned in basic biomedical photography courses will be utilized and sharpened. This is the greatest opportunity to photograph evidence and specimens, both inside and outside of the body. These may range from bullet wounds and heart valves to bruises and clothing. Three times a year, April, July and December, a great many case photographs are used when the Medical Examiner Department hosts the Police Medical Legal Investigation of Death Seminar. This is a perfect opportunity to gain a full understanding of all aspects of forensic work. It also shows the importance of photography in the investigative process.

Studio Photography

There are times when items of evidence must be photographed for courtroom display. Items may range from fractures in bones to knives or guns to spent weapon casings. The full size 20'x 26' studio is used to accurately depict and record evidence. The studio is often used for portrait photography of the staff as well. Experience with multiple flash heads, soft boxes, light modifiers etc., is helpful when entering the internship. Our fully equipped studio includes a variety of different power packs and flash heads.

Computer Graphics

Computer graphics are used in several different applications. Applications range from presentation graphics to scene diagrams. Currently we are beginning to experiment with three-dimensional graphics. These are just a few of the examples of the many capabilities of our computer system.

General Photography

All staff members of the Bureau are forensic and medical photographers, and they handle all general photographic needs. These needs may include studio portraits, group, publicity, product, and architectural photography. These skills are required from one time to another. It is in these areas that the student can grow from experiences while at the Bureau. Most of all, these areas allow for a great deal of experimentation, and the student has ample time for such experimentation while in the program.

Crime Scene Photography

As a part of the Preceptorship, students will occasionally get the opportunity to respond to crime scenes with the pathologist on call. Once there, they will document the crime scene and the decedent(s) photographically so that the photos may be used later by the pathologist, the police, or even in court. The student must be accompanied by a staff member for the first few scenes until they are properly trained. Once they are cleared to photograph scenes on their own, they may put themselves on call to attend any and all scenes possible during their weeks not spent covering the morgue or after hours.

Alternative Light Source Photography

When photographing bruising on a body, bodily fluids, gun powder residue, and other evidence, the use of an alternative light source in conjunction with special cameras and filters can bring out details and patterns that are otherwise invisible to the naked eye. The Bureau has the capability to use ultraviolet light, Infrared light, and a specialized light source called a Crimescope, which emits specific wavelengths of light to bring out details and patterns. During their time here, students will have access to this equipment and will most likely use it on real cases at the request of the pathologists.

Photomacrography / Photomicrography

In the forensic and biomedical field, there are times when the use of photomacrography and photomicrography are needed. Photomacrography is used when the evidence is so small that the macro lens on your digital camera cannot give proper magnification for the subject matter in question. Items of this nature may include bullets and bullet casings, gun powder, insects, fibers, bone fragments, etc. Photomicrography refers to photography of the microscopic, i.e. prepared slides of tissue samples, crystals, or other chemical compounds. The Bureau uses highly specialized equipment for both of these disciplines. During their internship, students may be able to use this equipment to learn more about the technology and utilization of these techniques.

High Speed Photography

The Bureau enjoys the facilities of a high-speed photography lab and has the distinction of being the only Medical Examiner Department in the country to have what was formally reserved for the F.B.I. and the military. Ballistic tests may be recorded on formats such as digital still images or on digital high speed video cameras at speeds up to 40,000 frames per second. Staff members are fully trained in this field, which is fast becoming an important aspect of forensic photography. The specially designed lab and equipment can handle ballistics, which travel as fast as Mach Ten (10). The lab is specially suited to any motion studies, including blood spatter. It is important to note that not all students will have the opportunity to use this lab. Only those students who show exemplary proficiency, are highly self-motivated, and create their own interesting high speed project to study will be granted use of the high speed photography lab.

Digital Mini-Lab

The primary Bureau revenue producer is the Noritsu QSS-Green II high performance fully digital mini-lab. The Noritsu QSS-Green II accepts all formats of film up to 220 and accepts all types of digital media. A staff member typically handles all of the Bureau's printing needs, but students are occasionally asked to help when needed.

Forensic Photography Workshop

Once a year the bureau hosts a weeklong workshop in forensic photography. This workshop attracts participants from all over the world who are involved in areas of photography from crime scene investigation and autopsies to evidence documentation. Students may be asked to assist during this workshop.

Terms of the Preceptorship

The six-month program is offered year-round. It is a non-paying program. Forty plus hours per week are required. The Bureau Director, Leonard Wolf, and the staff will interview applicants. A completed application and cross section of photographic abilities in print or digital format should be submitted for review during the interview process. Acceptance is based on experience and portfolio review. A medical and background check must also be completed and passed. **Students are required to have a social security number to complete the background check.**

Once accepted, students will be evaluated on a weekly basis for the first three weeks, and then on a bi-weekly or monthly basis, depending upon the ability of the student. This evaluation, if possible, will include all Bureau staff members' critiques for the work completed. These sessions will provide valuable pointers and comments and will allow the student to reevaluate and adjust their methodology.

Program Costs

At the present time there is no cost for the program. This includes all expendable supplies utilized, i.e., film and film processing, chemicals, paper, lab services and utilization of all state-of-the-art Forensic Imaging Bureau equipment.

Guidelines for Student Intern

To assist students in better understanding their obligations in this Preceptorship program, the following guidelines are provided. To assure that the student's time spent here is worthwhile and meaningful, we encourage questions and interaction with all staff members during the next six months.

Housing

Students are responsible to make their own housing arrangements for the duration of the program if traveling from out of town. Because of the nature of the program schedule, it is not recommended that they hold outside employment while in the program. Any outside employment must be pre-approved by the Program Director.

Medical Coverage / Medical Conditions

Miami-Dade County does not provide health insurance coverage for students while in the preceptorship. The students must provide their own health insurance coverage for this period of time. **Proof of insurance must be returned with the application or before acceptance into the program. Proof of Hepatitis B vaccination must also be submitted.**

Because of the physical demands of the job, certain medical conditions may affect the student's admittance into the program. Psychological impairments that will interfere with the job responsibilities or pose a threat to the safety of the student or others could affect acceptance into the program.

Financial Arrangements

The Preceptorship is a volunteer program (no income). Students should make prior financial arrangements to support themselves while in the program. In return for their services as a photographer, they will receive instructions regarding photographic techniques in the forensic/biomedical photographic field as well as valuable professional experience. In addition, all supplies and equipment necessary for the program will be furnished by the department.

Program Hours

Working hours typically range from 7:30a.m. to 4:30p.m., Monday through Friday. Students will be required, however, to work additional hours to receive the maximum learning potential of the program. This includes working on assigned weekends and holidays, and on some occasions after 4:30p.m. Students are always expected to be on time. Students can also volunteer to be on call for evening crime scenes with the assigned doctor, once trained to do so.

Work Environment

Students are responsible for maintaining a neat, clean, and hazard-free work environment. Students will be assigned a workspace that must be kept organized and clutter free at all times. After using a common work area such as the darkroom or studio, all equipment must be returned to its proper place. All supplies and chemicals should also be placed in the proper container, if applicable, and put away. The common work area should be left as it was found, neat and clean. Since we are a team, everyone should clean up after themselves. Everybody in this office has his or her own responsibilities. This applies to students as well. All equipment should be turned off when not in use, all cables should be properly stored, and chairs returned to their place. It is the student's responsibility to help maintain a fully functioning work environment. Answering the telephone is another shared office responsibility. Personal phone calls and breaks should be taken outside of the photography department. Students are not allowed to check their email or social media sites on any of the county computers. When in the office, work must be our focus.

Demeanor and Conduct

The Preceptorship Program involves the work of criminal investigations and evidence gathering; students enrolled in the program will be working with medical examiners and law enforcement personnel as well as with the general public. Consequently, there are a number of qualities that students are expected to display at all times. These include:

Dependability

Students are expected to work well with their colleagues and with the public, demonstrating honesty, dependability and team spirit. Students must be prepared to shoulder their share of the bureau's workload, to appear for work punctually and to work cooperatively and without complaint. Personal time away from work should always be arranged beforehand with the photography supervisor.

Responsibility

While working in and around the morgue, the student must be responsible for observing all the guidelines and universal precautions pertaining to the handling of bodily fluids and tissues. Responsibility also requires that the student be able to meet deadlines, handle scheduled appointments punctually and work without supervision.

Professionalism

Students should demonstrate professionalism in appearance, speech and conduct. Proper attire and good grooming are required at all times. Tattoos or piercings other than the ear must be covered, and hair must be within natural colors. Abuses of speech, including gossiping, raising one's voice and cursing are unacceptable forms of behavior. All medical examiner case information, including written documents, oral communications, and photographs, is confidential and must be treated accordingly. Florida statutes clarify restrictions on the materials we process with each case.

Failure on the student's part to observe and abide by these principles can result in verbal or written warnings. Repeated warnings can lead to the termination of the student from the program without notice or explanation. Offenses such as a violation of Medical Examiner Department policies or involvement in illegal activities on or off the job are also grounds for immediate dismissal.

Dress Requirements

Business casual attire is required when in the office. Students are not allowed to wear shorts, cut-off shirts, flip-flops or any other garment considered unprofessional in a work place. Tattoos and piercings must be removed or covered. On days that students are in the morgue they are required to wear the scrub uniforms that are provided to them, or they may provide their own scrubs if preferable. The practice of wearing street clothes in the autopsy area is discouraged, as it can easily become the source of disease transmission. Students are required to wear non-skid shoes with rubber soles while working in the autopsy areas and these are also recommended when photographing crime scenes. We also discourage female students from wearing skirts or dresses when going to a crime scene, since this type of clothing will not be functional.

Conflict of Interest

Students are not permitted to accept gratuities, gifts, favors, or services from other employees or any persons engaging in business with the County while in the program. County equipment and materials should be used solely for the purpose of County business, and not for private or personal use. Students are expected to safeguard and respect the property entrusted to their care. Students must refrain from discussing department business with media resources on or off the premises, since misinformation may result in damaging lawsuits against the County.

Miami-Dade County Medical Examiner Dept.
Number One on Bob Hope Road
Miami, Florida 33136-1133

Preceptorship Description - Page 6
Forensic Imaging Bureau
Phone: (305) 545-2469
Fax: (305) 545-2431

Background Check / Drug Screening

A fingerprint background check and drug screening is performed on every student before admittance into the program. Found infractions could affect the eligibility of being accepted into the program.

Concluding the Program

At the completion of the program, the student will be expected to terminate his/her services and return any County property to the office. Only by written request will a student be asked to remain past the duration of the program for additional studies.

I, _____, understand and agree to abide by the rules and guidelines stated on pages 1-6.

Signature of Intern

Date

Forensic Imaging Bureau Supervisor

Date

Miami-Dade County Medical Examiner Dept.
Number One on Bob Hope Road
Miami, FL 33136-1133

Internship Description – Pages 7
Forensic Imaging Bureau
Phone: (305) 545-2469
Fax: (305) 545-2431

Anyone who wishes to apply for the Forensic Photography Preceptorship program must fully complete and sign the following pages and **SUBMIT A PHOTOGRAPHY RESUME.**

Page 6 must be signed. By signing this page you are stating that you have read all the material on pages 1-6 and agree to follow all the rules and regulations within this packet.

Page 9 & 10 is the Application for the Preceptorship program. These two pages must be filled out completely and signed.

Page 11, 12 & 13 is the Volunteer Agreement Form. This form must be filled out completely

Page 14 is the Confidential Waiver that must be filled out completely, signed by applicant, signed by a witness and dated.

Page 16 is the Release and Waiver of Liability Agreement that must be signed and dated.

Page 17 is the Nepotism Certification Form, which must be filled out, signed and dated.

If any of these forms are not complete, the application will not be processed.

Please mail application to: **Miami-Dade County Medical Examiners Dept.**
Forensic Imaging Bureau
Att: Heidi Nichols
1851 NW 10th Ave
Miami, FL 33136

If you have any questions please call Heidi Nichols at 305-547-5715 or by Email at HNS@miamidade.gov



Medical Examiner
Number One on Bob Hope Road
(1851 NW 10th Avenue)
Miami, Florida 33136-1133
T 305-545-2400 F 305-545-2428

miamidade.gov

Dear Program Participant:

We are honored by your request to visit the Miami-Dade County Medical Examiner Department as a Volunteer. We welcome you and hope that your participation will be a rewarding educational experience. The volunteer program has influenced many students to enter a career in medicine, criminal justice, or one of the related forensic sciences.

It is important for you to know that our Department accommodates two different types of interns: Administrative Interns and Operational Interns.

Administrative Interns are those who work in our front offices only, performing primarily clerical duties. These interns are volunteering time to serve in our Records Bureau, our Investigations Bureau, and our Business Office. To be accepted as an administrative intern, students must be enrolled in an appropriate course of study, complete a background check through the County, and sign a Release/Waiver of Liability form.

Operational Interns are those who are more engaged with work in our Investigations Bureau, Morgue Bureau, Photography Studio, and /or our Toxicology Laboratory. Because of the nature of the work conducted in these areas and the wider risk of exposure, interns involved in these areas must meet additional requirements, such as proof of current vaccinations as well as indemnity coverage from their sponsoring college or university. If you should be selected to work in any of these areas of our facility, we emphasize the importance of using all appropriate Personal Protective Equipment and following all safety instructions provided. Your safety and wellbeing are of paramount importance.

All interns are reminded that the case information gleaned from any Bureau in our Department must at all times remain confidential. We maintain respect for the privacy of the decedents and their families. Protecting confidential information is not only a matter of respect but also a legal responsibility.

We invite you to review the accompanying application materials and submit your application to Martha Diaz along with any questions that you may have.

A handwritten signature in cursive script, appearing to read "Emma O. Lew".

Emma O. Lew, M.D.
Director

PRECEPTORSHIP PROGRAM APPLICATION

**MIAMI-DADE COUNTY MEDICAL EXAMINER DEPARTMENT
 FORENSIC IMAGING BUREAU
 NUMBER ONE ON BOB HOPE ROAD
 MIAMI, FLORIDA 33136-1133
 (305) 545-2469**

Date: _____
Social Security Number: _____
Date of Birth: _____
Email: _____

INTERNAL USE ONLY	Hep B	Health Insurance	Medical	Background

Name _____ **Telephone** _____
 Last First Middle

Address _____
 Street

 City State Zip Code

Photography Skills

<input type="checkbox"/> B&W Processing/Printing	<input type="checkbox"/> Night Photography
<input type="checkbox"/> Flash Photography	<input type="checkbox"/> Macro Photography
<input type="checkbox"/> Copy Photography	<input type="checkbox"/> Micro Photography
<input type="checkbox"/> Studio Photography	<input type="checkbox"/> Computer Programs, please list
<input type="checkbox"/> Environmental Photography	<input type="checkbox"/> Other, Explain:
List Photography Equipment Used	

What do you hope to do in the future with the skills and knowledge that you will gain from this intership?

What do you hope to get out of this internship? Why are you seeking to do an internship with the Forensic Imaging Bureau?

How has your background prepared you for an interenship in Forensic Photography at the Medical Examiner Department?

What do you expect this internship to be like?

Date Available (6 Months)	Date Available (3 Weeks Barry University Students)

The information provided on this application is accurate to the best of my knowledge and subject to verification. I understand that proof of age, vaccination and proof of insurance will be required upon acceptance. I understand that additional personal data, physical examination and a background check will be required if I am eligible for benefits. I authorize all previous employers to furnish any information they may have regarding my employment and my reason for leaving and I release my prior employers and this company from all liability for any damage resulting from the inforamtion provided. I release this company from liability from bodily harm.

SIGNATURE: _____ **DATE:** _____

INTERNAL USE ONLY

INTERVIEWER:				
COMMENTS:				
PORTFOLIO RATING:	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Knowledge of Experience:	<input type="checkbox"/> Outstanding	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Test Score: _____				
	<input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted	<input type="checkbox"/> Pending	

Date of Acceptance	Start Date	Date of Completion

Miami-Dade County Medical Examiner Department



Volunteer/Internship Program application

This application is for students who are interested in the fields of forensic science, criminal justice or mortuary science. This application must be completed in full, and should be typed or printed in black ink. If an item is not applicable, please write N/A in the space.

Position Applied For _____ Date: _____

Name of Applicant: Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____
Address Street Number City State Zip Code

Previous Address Street Number City State Zip Code

Social Security Number: _____ Telephone Numbers:() _____ (H) and (C)

Emergency Contact Person: _____ Address: _____

Telephone Number () _____

Do You Have a Valid Drivers License? (Y) (N) Number: _____ State _____

Expiration Date: _____

Have You Ever Been in the Armed Forces? (Y) (N) Branch _____

Type and Date of Discharge: _____

Have You Ever Been Arrested for a Crime Other Than a Minor Traffic Violation? If yes, please explain.

EDUCATION

University attended _____ Number of credits _____ Year Graduated _____
Degree(s)

Community College Attended _____ Number of credits _____ Year Graduated _____

Vocational Schools Attended _____ High School Attended _____

Other Educational Training

Awards or Accreditations

Major Subjects of Specialization

Outside Interests or Talents

Languages Spoken

WORK EXPERIENCE

Most Recent:

Name of Employer Address

Type of Business Department Position of Title

Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month and Year) Date Left (Day, Month and Year)

Salary Final Salary

Reason for Leaving

Previous:

Name of Employer Address

Type of Business Department Position of Title

Duties

Name and Position of Immediate Supervisor

Date Employed (Day, Month and Year) Date Left (Day, Month and Year)

Salary Final Salary

Reason for Leaving

REFERENCES:

Name Occupation Address

Name Occupation Address

Name Occupation Address

May we contact your present employer?

Who referred you to this program?

Whom do you know in this department? _____

We appreciate your interest in the volunteer program. We would like to know why you would like to participate in this program, and what you hope to gain by your involvement. Please write a brief statement describing your interest below.

Please Read Carefully

I hereby certify that to the best of my knowledge and belief, the answers given by me to the foregoing questions and all statements made by me in the application are correct. I understand that an initial background search will be performed, and that any falsifications of this application will result in disqualification from the program.

Signature of Applicant

Date



CONFIDENTIAL WAIVER

Permission is hereby given to any agency of the United States Government and/or any other agency, person, firm, company, or corporation holding records considered confidential to me, to furnish the Personnel Bureau and/or designated investigator of the Miami-Dade County Medical Examiner Department, all information desired involving me in any way upon request.

Such records, I understand, may include reasons for termination of employment, reasons for discharge from military service, criminal history, on-the-job performance, educational records, or any other personal information which may not otherwise be obtained without my prior agreement.

I understand that information released, concerning my past/present employment may be used to determine eligibility or fitness for the position that I have applied for.

SIGNATURE: _____

PRINT NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE: _____

WITNESS: _____

Note: All interested bureaus must provide the Request to Fill Vacancy, Nepotism Certification, and Confidential Waiver forms prior to appointment.



**Miami-Dade County Medical Examiner Department
Forensic Morgue Bureau – Visitor Guidelines
And Release and Waiver of Liability Agreement**

Dear Morgue Bureau Visitor:

Welcome to the Miami-Dade County Medical Examiner Department. During your visit you will have an opportunity to observe firsthand the process of Medico-legal death investigation.

As a visitor you will need to understand the sensitive nature of what you will witness. The autopsy, which is similar to a surgical procedure, is but one tool that helps us understand cause and manner of death. Bear in mind that the decedents being autopsied deserve the same respect that you would wish accorded to members of your own family. In addition, our staff requires quiet to perform their work safely and accurately. Therefore you should refrain from loud talking and joking.

Because of the nature of an autopsy, you will be required to wear protective gear. It is important that this gear be worn properly all the time that you are in the morgue/autopsy area. It is your responsibility to ensure that you have, and are wearing, the appropriate protective gear. For your personal safety you should not approach closely to the autopsy table unless instructed to do so. Our staff will inform you of a reasonable distance to maintain.

We appreciate your interest in the work of forensic pathology and trust that your visit will be a valuable one.

The Morgue Bureau Staff



Medical Examiner
 Number One on Bob Hope Road
 (1851 NW 10th Avenue)
 Miami, Florida 33136-1133
 T 305-545-2400 F 305-545-2428

miamidade.gov

RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _____ (print name), expressly acknowledge and understand that participation as an intern or visitor to the Miami-Dade County Medical Examiner Department can be dangerous and can involve the risk of serious injury and/or death and/or property damage. I understand that as an intern or a visitor to the Miami-Dade Medical Examiner Department I am not covered by County health insurance benefits or by County Worker's Compensation. I have read the visitor guidelines and agree to display proper decorum and to assume full responsibility for my conduct. Since I may be exposed to various pathogens, if directed, I will wear protective clothing, including gown, mask, shoe covers and eye protection, while in the morgue. Should I sustain any injury during my visit I will immediately report the matter to the Morgue Bureau supervisor.

Further, I HEREBY RELEASE AND DISCHARGE FROM ALL LIABILITY MIAMI-DADE COUNTY, THE PUBLIC HEALTH TRUST, AND ANY OF THEIR OFFICERS AND EMPLOYEES ("RELEASEES"), AND WAIVE, AND COVENANT NOT TO SUE the Releasees, their personal representatives, assigns, heirs, and next-of-kin for any and all loss or damage and any claim or demands therefore on account of injury to person or property or that result in the death of the undersigned, whether caused by the negligence of the Releasees or otherwise, while the undersigned is in or upon the facilities of the Miami-Dade County Medical Examiner Department or in any way arising out of the internship or a tour, a visit, or the operation of that Department.

IN ADDITION I HEREBY ASSUME FULL RESPONSIBILITY FOR, AND THE RISK OF, BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to the negligence of Releasees while in or upon the facilities of the Miami-Dade County Medical Examiner Department or while participating in the internship or a tour, a visit, or the operation of that Department.

I expressly agree that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

_____	_____
Signature	Date
_____	_____
Printed Name of Above Signatory	Agency

Purpose of Visit	



NEPOTISM CERTIFICATION FORM

Chapter 116.111 of the Florida Statutes prohibits employment of anyone who is related by blood or marriage to elected or appointed government officials who have the authority to appoint, employ, promote or advance such individuals, or to recommend such appointment or advancement within an agency of the county.

“Related” is defined as involving any of the following: father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother or half sister.

The County policy is that no blood or marital relative of a County administrator, who has the authority to appoint or recommend appointment or advancement or influence any of these actions, shall be newly employed, assigned, or transferred to work within the same County Department as that administrator.

1. Do you have any relative currently employed by the Medical Examiner Department as defined in the paragraph as being “Related?”

Check one that applies <input type="checkbox"/> Yes <input type="checkbox"/> No
--

If above reply is “Yes,” list the names of the related personnel employed by the Miami-Dade County Medical Examiner Department

Name of Relative(s)	Relation	Job Title/Work Unit

2. It is further understood that should I become “Related,” as defined in paragraph two, I will notify the Business Office for the circumstances of this relationship to be submitted to the Department Director for review.

I understand that failure to comply with the provisions of this Statute may result in my automatic termination from County employment.

Signature of Applicant/Employee

Date

Note: All interested bureaus must provide the Request to Fill Vacancy, Nepotism Certification, and Confidential Waiver forms prior to appointment.