

National Association of Medical Examiners



Policies and Procedures Manual

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Table of Contents

I. PURPOSE OF MANUAL AND REVISIONS	6
II. ORGANIZATIONAL CHART	7
III. BUDGET AND FINANCIAL	7
A. PREPARATION OF BUDGET	7
B. AUDITING OF BUDGET	8
C. TAX RETURN PREPARATION	8
D. AUTHORITY TO WRITE CHECKS	8
E. POLICY FOR CHECK SIGNING	8
F. ENDOWMENT FUND.....	9
G. CONTRACT AND GRANT APPROVAL POLICY	9
H. PUBLISHING OF CONTRACTS TO MEMBERS	10
I. PREPARATION OF BUDGET.....	10
IV. RECORDS AND PUBLICATIONS	11
A. MEMBERSHIP DIRECTORY	11
B. BYLAWS.....	11
C. POLICIES AND PROCEDURES MANUAL.....	11
D. THE AMERICAN JOURNAL OF FORENSIC MEDICINE AND PATHOLOGY	11
E. NAME WORLD WIDE WEB SITE (WWW.THENAME.ORG).....	11
F. NAME-L	12
G. PUBLICATIONS AND POSITION STATEMENTS.....	15
F. AD HOC COMMITTEE ON SOCIAL MEDIA (GUIDELINES).....	12
V. DOCUMENT RETENTION POLICY	17
A. PURPOSE	17
B. POLICY	17
1. <i>General Guidelines.</i>	17
2. <i>Exception for Litigation-Relevant Documents.</i>	17
3. <i>Minimum Retention Periods for Specific Categories of Records.</i>	17
4. <i>Storage of Records.</i>	19
5. <i>Destruction/Deletion.</i>	19
6. <i>Administration of Policy</i>	20
C. ADOPTION OF POLICY.....	20
1. <i>Executive Committee Adoption</i>	20
VI. PUBLIC INFORMATION REQUESTS	20
VII. POSITION PAPERS AND STATEMENTS.....	22
A. POSITION PAPER GUIDELINES	22
B. SUMMARY	23
C. GUIDELINES FOR WRITING A NAME POSITION PAPER	23
E. POSITION PAPER FORMAT	24
F. REVIEW AND COMMENT ON POSITION PAPERS.....	25
G. POSITION STATEMENTS.....	25
VII. AWARDS.....	25

1.	<i>Milton Helpern Laureate</i>	25
2.	<i>George E. Gantner, Jr., MD Annual Lecturer</i>	26
3.	<i>Eckert Award Paper</i>	26
4.	<i>Outstanding Service Award(s)</i>	27
5.	<i>Lifetime Achievement Award</i>	27
6.	<i>Iceberg Award</i>	27
7.	<i>Star Award (Service-Time-Attitude-Respect)</i>	27
8.	<i>Setting the Standard Award</i>	27
9.	<i>Executive Diamond Award</i>	28
10.	<i>Compass Award</i>	28
11.	<i>Vision Award</i>	28
12.	<i>Thomas Noguchi Loyalty Award</i>	28
13.	<i>Susan P. Baker Public Health Impact Award</i>	28
IX. MISCELLANEOUS		29
A.	DEFINITION OF A FORENSIC PATHOLOGIST	29
B.	ELECTRONIC EXECUTIVE COMMITTEE AND BOD PACKETS.....	29
C.	SUMMARY OF MAJOR ACTIONS OF THE EXECUTIVE COMMITTEE AND BOD.....	29
D.	PUBLIC STATEMENTS	29
E.	SPONSORSHIP OR ENDORSEMENT OF NON-NAME MEETINGS, PRODUCTS AND/OR DOCUMENTS	29
F.	TRAVEL POLICY	30
G.	MERCHANDISE AND SERVICES AVAILABLE	31
2.	<i>Listing of Membership</i>	31
3.	<i>Website Advertising of Job Openings</i>	32
4.	<i>Website Advertising of Meeting Notices</i>	32
5.	<i>Website Advertising of Forensic Consultation Services and Private Autopsies</i>	32
H.	EXPERT WITNESS TESTIMONY	32
I.	OBTAINING LEGAL OPINIONS	32
J.	COMMUNICATIONS WITH MEMBERS	32
K.	TAX STATUS OF THE ASSOCIATION.....	33
L.	Anti-Harassment Policy	33
X. CONFLICT OF INTEREST POLICY		34
A.	ARTICLE I: PURPOSE	34
B.	ARTICLE II: DEFINITIONS	34
C.	ARTICLE III: PROCEDURES.....	34
D.	ARTICLE IV: RECORDS OF PROCEEDINGS.....	35
E.	ARTICLE V: COMPENSATION	35
F.	ARTICLE VI: ANNUAL STATEMENTS	36
G.	ARTICLE VII: PERIODIC REVIEWS.....	36
H.	ARTICLE VIII: USE OF OUTSIDE EXPERTS	36
XI. INSPECTION AND ACCREDITATION POLICY		36
A.	THE NAME INSPECTION AND ACCREDITATION PROGRAM	36
B.	APPLICABILITY.....	37
1.	<i>Medical Examiner Offices</i>	37
2.	<i>Coroner Offices</i>	37
3.	<i>Medical Examiner Systems</i>	37
C.	THE INSPECTION CHECKLIST	38
1.	<i>Checklist Items as Accreditation Standards</i>	38
2.	<i>Checklist Format</i>	38
3.	<i>Deficiencies Allowed</i>	38

4.	<i>Checklist Version</i>	38
5.	<i>External Ancillary Services</i>	39
D.	INSPECTORS	39
1.	<i>Certified NAME Inspectors</i>	39
2.	<i>Inspector Discretion</i>	40
3.	<i>Inspector Training Workshops and Inspector Certification</i>	40
4.	<i>Secondary Inspectors</i>	40
5.	<i>Ride along inspectors</i>	40
E.	ACCREDITATION STANDARDS SETTING	40
1.	<i>Adoption of the NAME Program</i>	40
2.	<i>Periodic Accreditation Standards Review</i>	40
3.	<i>Amendments</i>	41
4.	<i>Sunset of Inspection Checklist</i>	41
F.	FEES	41
G.	PROCEDURES	42
1.	<i>Pre-Inspection Preparation</i>	42
2.	<i>Pre-inspection Consultation</i>	42
3.	<i>Application</i>	42
4.	<i>Submission of Completed Application and Fee</i>	43
5.	<i>External Inspection (On-Site Inspection)</i>	43
6.	<i>Accreditation</i>	48
7.	<i>Maintenance of Accreditation</i>	50
8.	<i>Annual Review</i>	50
9.	<i>Major Changes in Accredited Offices</i>	51
10.	<i>Application for Renewal</i>	51
H.	APPEALS	52
I.	PERIOD OF ACCREDITATION	52
J.	MISCELLANEOUS	52
1.	<i>Records Administration</i>	52
2.	<i>Computerization of Checklist and Survey Data</i>	52
3.	<i>Commentary File</i>	53
4.	<i>Annual Reports</i>	53
5.	<i>Publication of Accredited Offices and Systems</i>	53
K.	AVAILABLE INFORMATION	53
L.	SCHEMA OF I&A PROCESS	54
XII.	NAME AUDITS	55
A.	PURPOSE	55
B.	INITIATION	55
C.	TYPES OF AUDITS	55
D.	AUDIT TEAM	55
E.	FEES	55
F.	REVIEW PROCESS	55
G.	SCOPE OF REVIEW	55
H.	REPORT	56
I.	FOLLOW-UP MEETINGS	56
J.	APPEALS	56
XIII.	NAME FORENSIC AUTOPSY PERFORMANCE STANDARDS	56
XIV.	ETHICS COMMITTEE RULES AND PROCEDURES	57
A.	COMPOSITION	57

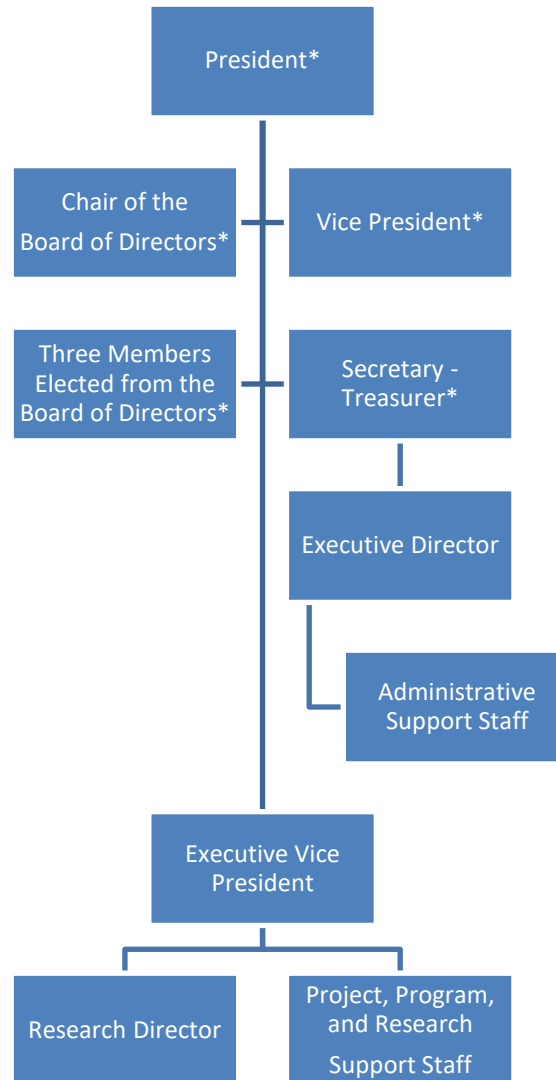
1. <i>Quorum</i>	57
B. INVESTIGATIONS	57
1. <i>Initial Consideration of Allegation</i>	57
2. <i>Confidentiality</i>	58
3. <i>Investigation</i>	58
4. <i>Jurisdiction</i>	59
5. <i>Appointment of Investigators, Presenters, and Others</i>	59
6. <i>Disclosure of Investigation</i>	59
7. <i>Ethics Committee Communications</i>	59
C. HEARINGS	59
1. <i>Location of Hearing</i>	59
2. <i>Persons Present</i>	60
3. <i>Notice of Hearing</i>	60
4. <i>Composition of Panel</i>	60
5. <i>Persons Giving Evidence</i>	60
6. <i>Recording of Proceedings</i>	60
7. <i>Decision</i>	60
8. <i>Written Report to the Board</i>	60
9. <i>Appeal Process</i>	61
D. GENERAL	61
1. <i>Expenses</i>	61
2. <i>Case Files</i>	61
3. <i>Report to the Board of Directors</i>	62
XV. FORMS	61
XVI. ADOPTION	65

I. PURPOSE OF MANUAL AND REVISIONS

- 1) This manual is designed to clarify the policies and procedures currently employed by the National Association of Medical Examiners (NAME).
- 2) The Executive Committee will adopt policies and procedures by which the Officers, Board of Directors, and staff of the National Association of Medical Examiners will conduct business and discharge their responsibilities. These will be recorded in the Policy and Procedure Manual of the organization.
- 3) The Policy and Procedure Manual will be revised as required by one or more members of NAME to be appointed by the President and submitted to the Executive Committee for approval.
- 4) Committee, and subcommittee sign-up occurs annually, via a web-based process/form. The system requires that anyone signing up for a committee or subcommittee completes the “Conflict of Interest Disclosure Statement and Policy Agreement” and attests to that, as a first step before actual committee sign-up/application. Not completing the conflict of interest form disqualifies the individual from participation on any committee or in any office.
- 5) Name Officers applications are submitted yearly. Those submitting applications for NAME Officer positions, must submit a “Conflict of Interest Disclosure Statement and Policy Agreement” as part of the application.

II. ORGANIZATIONAL CHART

Executive Committee, Employees, and Appointed and Contract Positions



*Voting member of Executive Committee

III. BUDGET AND FINANCIAL

A. Preparation of Budget

- 1) Prepared by the Executive Director and the Secretary-Treasurer of NAME.
- 2) Submitted to the President and reviewed by the Executive Committee.

B. Auditing of Budget

- 1) An audit will be performed every two years.
- 2) As of 2009, the auditor is:

Jack E Beard, Jr., CPA
Beard & Boehmer, LLC
One East Broadway
Columbia, MO 65203
TEL: (573) 442-8427
FAX: (573) 875-7876
Jack@cpabba.com

C. Tax Return Preparation

- 1) As of 2009, performed by the auditor, Beard & Boehmer, LLC

D. Authority to Write Checks

- 1) All checks and drafts of the National Association of Medical Examiners shall be signed by the Executive Director in the usual course of business.
 - a) All checks written by NAME in excess of \$5000.00 shall be signed by the Executive Director and cosigned by either the President or the Secretary Treasurer.
- 2) In the event that the check or draft must be written and signed on an emergency basis, but one of the above listed individuals is not readily available, a responsible NAME member may sign for a specific officer or staff with whom they have communicated and by whom they have been specifically delegated. In such instances, the officer or staff member shall receive a copy of the signed check and the invoice for which it was written, as soon as possible afterward.

E. Policy for Check Signing

- 1) The Executive Director shall prepare, sign, and submit all necessary and approved checks related to the operation of the Association on behalf of the Association and its officers.
- 2) All Association checks in the amount of five thousand dollars (\$5000.00) or more shall require the signature of the Executive Director and one of the Officers (co-signatures).
- 3) The co-signatures of checks shall routinely be provided by the Secretary-Treasurer. In the event that the Secretary-Treasurer is not available, the President, or in the absence of the President, the Vice President or a responsible person designated by the President, shall co-sign checks.
- 4) Procedures and Practices:
 - a) The Executive Director shall prepare, sign and submit all necessary and approved checks when in an amount less than five thousand dollars (< \$5000.00).
 - b) For checks in the amount of five thousand dollars (\$5000.00) or more, the Executive Director shall prepare online banking check(s) after review and approval of the Secretary-Treasurer.
 - c) Following review and approval of the Secretary-Treasurer the Executive Director shall make prepare online banking check(s) to the appropriate recipient(s).
 - d) This policy was established by the vote of the Executive Committee on May 12, 2020.
- 5) Related NAME Bylaws excerpts:

- a) Article VI Section 5: "The Executive Committee may employ an Executive Director, Executive Vice President, or other personnel it considers necessary for the proper operation of the Association."
 - b) Article VI Section 3: "The Secretary-Treasurer shall... Supervise and advise the Executive Director and be one of the officers with the power to sign checks and drafts of the Association."
 - c) Article VI Section 1: "The President shall... Be one of the officers empowered to sign the checks and drafts of the Association."
 - d) Article VI Section 2: "The Vice President shall perform all the functions of the President in the absence of the latter or in the event the latter is unable, because of ill health or any other reason, to fulfill the duties of such office."
- 6) Effective 2009, The Executive Director may submit invoices electronically to the Secretary-Treasurer for approval.
- a) Upon e-mail notification of approval, the Executive Director may then disburse funds electronically from the NAME bank account held at Bank of America.
 - b) The Executive Director will then notify the Secretary-Treasurer by e-mail that the invoices have been paid.
 - c) The Secretary-Treasurer will then verify the amounts paid on the Bank of America web site.

F. Endowment Fund

NAME resolves to establish an endowment fund with provision that money is used as the organization sees fit in accordance with NAME's missions and in accordance with applicable laws unless there is a restriction placed by the person donating the money.

G. Contract and Grant Approval Policy

- 1) The National Association of Medical Examiners (NAME) and its Executive Committee (EC) shall require that all contracts and grant applications be formally reviewed and approved prior to authorizing signature, and that all contracts and grant-related activities and obligations must be in the best interest of the organization and its membership as a whole.
- 2) NAME recognizes that grants are a form of contractual agreement and generate obligations (time, effort, and money) for NAME, and members and staff.
- 3) The EC shall direct that two designated individuals, and only those two designated, serve as the authorizing agents of NAME and be authorized to sign approved contracts and grant applications on behalf of NAME. Signatures of both designated individuals shall be required for each and every contract and grant application.
- 4) The EC shall designate the President and the Secretary-Treasurer as the two individuals authorized to sign approved contracts and grant applications, and be the only authorizing agents of NAME for contracts and grants, with the Vice President serving in the capacity of either the President or the Secretary-Treasurer for purposes of contract and grant signature in the event that either is conflicted or unable to fulfill their duties.
- 5) The President, on his or her own, or at the request of the Executive Committee may arrange for a contract or grant application to be reviewed, and advisement given, by one (or more) individual member(s), and/or committee/subcommittee, and/or practicing attorney/law firm (for a reasonable and customary fee) with interest and/or knowledge/expertise appropriate to the matter under consideration.
- 6) The EC shall be the authority to approve or disapprove all grant applications.

H. Publishing of Contracts to Members

The Executive Committee shall publish to the membership on the NAME website a description of all contracts they enter into for the Association whose monetary amount, either payment to or by the Association, is in excess of \$10,000.

I. Preparation of Budget

- 1) All Chairs of committees who have income and/or expenses present a projected budget to the Finance Committee with a copy to the Secretary-Treasurer by August 1 of each year for the next calendar year. Any committee that fails to present a budget by August 1, gets last consideration (perhaps with the exception of I & A) as funds are available. Committee Chairs will be allowed to submit changes or modifications for consideration to the Finance Committee within 14 days from the last day of the NAME Annual Meeting.
- 2) All proposed grants or incomes to NAME aside from membership dues and interest related income be reported to the Finance Committee and the Secretary-Treasurer. This includes the amount of expected income, from whom or where it is coming, and if any funds are earmarked for specific expenses. The information will be submitted upon notification of being awarded the grant or other monies.
- 3) The Executive Vice President will present an anticipated expense budget for the following calendar year by Sept 30 each year. This can be amended as new information is realized. The amendments to the Executive Vice President expense budget will be submitted to the Executive Committee, Secretary-Treasurer and Finance Committee. The Executive Vice President contract will be provided to the Finance Committee for review before finalization by the Executive Committee. If the Executive Committee chooses to have the Executive Vice President create monies to NAME via Grants or other fund-raising efforts, an anticipated Income and Expense budget will be presented.
- 4) There will be a Meeting Manager budget. The Meeting Manager shall create a budget (of anticipated income and expenses) for the Interim Meeting and Annual Meeting as two separate budgets. File dates to the Executive Committee/Finance Committee will be determined by the Executive Committee or Secretary-Treasurer. All monies for vendor booths should be sent directly to NAME and not the Meeting Manager for recording and deposit. All billing correspondence should be sent directly to NAME. It is understood that there are time sensitive contracts that are negotiated regarding hotel and other meeting related matters. NAME must make themselves available to properly evaluate, scrutinize and approve or disapprove the contract within those time constraints. It will be left up to the Executive Committee to decide whether the Executive Committee or the Meeting Manager will set the rates for the meetings.
- 5) As of 2020 medical students, pathology residents and forensic pathology fellows who are NAME members will receive a complimentary registration to NAME Annual Meetings. The cost and financial implications will be monitored closely. All contracts that have a financial impact to NAME will be provided to the Finance Committee, Secretary-Treasurer, and Executive Committee. Unless unavoidable, ample time will be given for each of these entities to properly evaluate all contracts.
- 6) All contracts that have a financial impact to NAME will include the signature of the Secretary-Treasurer, except for contracts to arrange and manage the annual meeting which can be authorized by the meeting manager with subsequent notification of the Executive Director.

IV. RECORDS AND PUBLICATIONS

A. Membership Directory

- 1) NAME does not offer a mailing list of either postal or electronic addresses to companies or individuals. However, NAME will distribute mailings by e-mail to the then current NAME membership for a fee of \$750.

B. Bylaws

- 1) Available in print through NAME and on the NAME Website.

C. Policies and Procedures Manual

- 1) First draft prepared Fall 1999; under constant revision.
- 2) See also Section I of this Policy Manual.

D. The American Journal of Forensic Medicine & Pathology

- 1) Issued quarterly to NAME members; costs covered in yearly dues for members as listed in the fee schedule.
- 2) Procedures for Article Submission
 - a) The American Journal of Forensic Medicine and Pathology accepts manuscript submissions through a submission service on another website.
 - b) The American Journal of Forensic Medicine and Pathology has specific instructions and guidelines for submitting articles. Those instructions and guidelines are readily available on the submission service site. Please read and review them carefully. Articles that are not submitted in accordance with our instructions and guidelines are more likely to be rejected.
 - c) Manuscript Submission
 - d) Clicking on the submission service links on this page will open our manuscript submission service website in a new browser window.
 - e) Submit a Manuscript - <https://www.editorialmanager.com/fmp/default.aspx>
 - f) Research Communication Services
 - g) Authors interested in increasing awareness of their research through video slides, infographics/visual abstracts, news summaries or a plain-language summary can order these directly through the Wolters Kluwer author site with Editage. Graphic and written summaries help readers easily digest your research.
 - h) Authors can order the service directly: www.wkauthorservices.editage.com. Visit the website and click on services; on the drop-down menu, select research communication, which will deliver you to a menu page. Select your preferred service and click on Get quote now. Receive professional research support and broaden your reading audience.

E. NAME World Wide Web Site (www.thename.org)

This site includes a general description of NAME; meeting information; members of the committees, executive committee, Board of Directors, and current officers; NAME bylaws; links to other forensic-related sites; and other topics.

F. NAME-L

This server is accessible to NAME members. It serves as a means to disseminate information and as a forum for discussion of timely issues. It has been in existence since 1994. It was managed by Randy Hanzlick, MD and resided on the Emory University servers. October, 2018, the New NAME-L discussion group was created on Memberclicks.

NAME-L is an electronic forum for the members of NAME. The purpose is to have a convenient, rapid and global tool for death investigation related conversations, questions and announcements. NAME-L conversations must be conducted with good manners and a tone that communicates respect for all members. Insults and negative remarks about NAME Members will not be tolerated.

By posting to NAME-L a member agrees to the following rules and potential sanctions. Further, the member agrees that it is the sole discretion of the NAME President, NAME Officers, and NAME Executive Committee to determine if a violation of these rules occurred.

NAME members further agree to read the NAME-L rules prior to posting to the list, and to reserve NAME-L discussions for topics best suited to this medium.

These rules may be modified from time to time and such modifications shall be effective upon their posting to the NAME website. Revisions will be noted in the version number and date of revision. The NAME Executive Committee has authority for the NAME-L rules, as is true for the entire NAME Policy and Procedure Manual.

NAME-L is intended to be a closed discussion forum. As such, postings should not be shared outside of NAME-L members. Postings that include expressions of opinions must not be shared without explicit permission of the author, which must be granted individually for each posting. Discretion may permit sharing of informational postings (including, but not limited to, announcements of events, accomplishments or products), within the forensic community. NAME-L postings must not be disseminated in any way for the purpose of disparaging or harming the NAME-L member, including, but not limited to, providing NAME-L postings to attorneys.

Mechanics of NAME-L membership:

NAME members can self-administer listserv membership on the NAME website. After log-in, click on "my profile", go to "my features" and select "E-lists". Under "Name-L" you can turn "subscribe" and "email delivery" on and off. There is no need to contact the NAME Executive Director to "subscribe or "unsubscribe". "Email delivery" allows you to stop email delivery (if you are on vacation, for example) but don't wish to "unsubscribe".

NAME-L Rules:

1. **Professionalism.** Communicate in a professional manner. Do not use foul language or inappropriate slang. Limit postings to topics pertinent to medicolegal death investigation or related areas.

2. Threats/Attacks. Flaming or "personal attacks" have no place on NAME-L given it is for the use of professionals in a professional association. A disagreement is not a personal attack if expressed respectfully and with courtesy. Varying opinions on a topic stimulate professional development, and must be expressed with civility and respect. Disrespecting one's right to express an opinion is not allowed. Language that can be reasonably interpreted as obscene, racist, libelous, inflammatory, sexist, abusive, threatening, sexually explicit, harassing, or defamatory in any way is not allowed. *NAME-L is not public, and is a "closed" list, but keep in mind that like all internet correspondence, posting privacy is not guaranteed.*

3. Solicitations. Solicitations or commercial advertisements are prohibited. Spam or blatant promotion of businesses, commercial products or services is not allowed. Announcements of new commercial products, or services known to you or even from your own company are acceptable as long as they are clearly identified as such and are not direct solicitations, and reference forensic teaching, events, or products. A post may include links to advertisements on websites but do not include the advertisement in the message.

4. Copyright. There will be no infringement of intellectual property. Users may not use the discussion board to post a message that infringes copyright, trademark, patent, or other intellectual property law. Posting whole articles from NAME's Official Journal is a copyright violation, but a link to a given article can be posted, allowing NAME members to use their login to obtain the entire article.

5. Religion. There will be no promotion or disrespect of religious beliefs. Respect the sensibilities of all and avoid using religious based salutations and other expressions of religious identity or preference. It is acceptable to discuss how religion may play a role in the work of medicolegal death investigation or how religious issues could be studied in research (e.g., permissibility of an autopsy in different religions).

6. Political. As a tool for forensic science, NAME-L will not be used for political advocacy, to promote or disparage any political party, candidate, platform, or political philosophy (such as progressive or conservative). As with religion it is acceptable to discuss how government initiatives may play a role in the work of medicolegal death investigation.

7. Do not discuss fees for private consultation, testimony, or autopsy services, or any information that might be construed as price fixing.

8. Do not misrepresent your affiliation with a person or entity or interfere with other users of NAME-L.

9. Do not use NAME-L as a method of advocating your opinion in an ongoing trial or matter. (Specifically, it is improper to post details of an autopsy or opinion in an ongoing criminal trial, even if specific identity is redacted.)

10. Surveys: NAME members will not post electronic surveys directly to NAME-L that have not been vetted by the NAME Data Committee. Candidate surveys will be submitted to the NAME President or Vice President who will contact the Data Committee. (The data committee will evaluate for duplicate surveys, inappropriate surveys or questions, quality of surveys, and will work to avoid survey "overload".)

The Data Committee also receives and evaluates survey results and disseminates to NAME members, if appropriate.)

11. Do not use NAME-L to solicit followers for your social media platforms. Personal social media information or websites may be listed in your signature line.

NAME accepts no responsibility for the opinions and/or information posted on or through NAME-L.

Violation of NAME-L Rules:

NAME cannot actively monitor NAME-L in real time for inappropriate postings. However, in the event that any inappropriate posting is brought to the attention of NAME, NAME reserves the right to take all appropriate action(s) in response (see below). NAME-L users can use the “contact us” button on the NAME website to report a potential violation, and should include a copy of the posting, and a description of NAME-L rules believed to be violated. NAME reserves the right to investigate any violation of these rules.

The NAME Officers and Executive Committee reserve the right to discontinue NAME-L access or end posting privileges of a member who violates NAME-L rules. Suspension of an account may occur without prior notice to the member. A NAME officer will notify the individual through a private email after the action.

It is a violation of NAME-L rules to knowingly forward listserv postings to NAME members who have been removed from NAME-L (temporarily or permanently) because of violations. It is also a violation of NAME-L rules to knowingly post anything from a suspended user, on their behalf.

1. First Violation – Warning. A member who violates the above rules for the first time will generally receive a communication from the NAME President about the inappropriate nature of the post(s). There are several exceptional conditions that could lead to immediate removal. (see #4).

2. Second Violation – Suspension. If a second violation occurs, the member will be denied posting privileges for a period of time commensurate with the seriousness of the incident.

3. Third violation - Permanent Removal. A third violation will result in non-time limited removal of the individual from NAME-L. Mitigating circumstances may be cause for avoiding removal but this would be based on private correspondence with the NAME President, who may consult with the Officers or Executive Committee. Reinstatement will only be allowed under unusual circumstances and is entirely at the discretion of the NAME Executive Committee.

4. Extreme incident. Extreme conduct, which includes, but is not limited to, posting of illegal material, purposeful dissemination of viruses or intentional unprovoked personal attacks, will result in immediate revocation of posting privileges.

NAME will keep all records regarding violations confidential. A first violation will be in force for a period of two years, and after two years a new violation will result again in a first violation. If during the 2-year period of a first violation, a 2nd violation occurs, the violation record will be in force permanently, and any 3rd violation will result in permanent removal from NAME-L.

Initial adjudication of NAME-L complaints will be made by the NAME President, Vice President, Secretary- Treasurer, or Chair of the Board of Directors, singly or by deliberation. An appeal may be submitted to the NAME Executive Committee. The EC may seek assistance from the NAME Ethics Committee to evaluate an appeal. The NAME Executive Committee may also ask for a vote of the Board of Directors, as a final arbitrator.

Etiquette for NAME-L Users

1. Be aware that the “reply” key is a reply to the entire list. If you have posted and desire individual replies to you personally, state this in your post, and provide your email address.
2. Be germane. Topics should pertain to the issues of death investigation and forensic pathology. If you must post something “off topic” type “off topic” in the subject line.
3. Include a concise and clear subject line with each new post so that NAME-L members can prioritize their time.
4. Be Polite
5. Brevity is important, keep messages as short and to the point of conveying the substance of your thoughts.
6. Identify yourself with a complete signature tag. This is particularly important to young or new members who may not know where you work, your title, or how to address you.
7. Avoid posting links to public media stories about offices, good or bad.
8. “Flame wars” should be taken “off list”. (Definition of a Flame War: A lengthy exchange of angry or abusive messages between users of an online forum) NAME-L discussions are meant to stimulate conversation, not to create contention. Guideline: if an exchange that qualifies as a flame war exceeds two postings per participant, it must be either terminated or taken off-list.
9. Criticism of other forensic sciences organizations or pathology organizations are ideally made to that organization directly.
10. Do not forward any email to NAME-L without the express permission of the email’s original author.

G. Publications and Position Statements

All position statements are available on the NAME website.

H. Ad Hoc Committee on Social Media (Guidelines)

- These guidelines are for NAME social media accounts maintained by NAME to act as the official voice of NAME. They do not apply to NAME-L or any other NAME-sponsored forums/discussion groups should they arise. These guidelines also do not apply to subscriber comments or follow ups in response to NAME postings. NAME administrators reserve the right to block or unfollow subscribers who harass or intimidate members or who violate the platform’s rules.
- Posts should advance the objectives of NAME and disseminate information to members of NAME, other professionals, and to the general public.
- These guidelines might be changed and if they do it is the duty of the individuals who access and administer the social media platforms to be aware of the changes made to the guidelines.

- As platforms, NAME's Facebook, LinkedIn, and Twitter accounts can be accessed by forensic professionals, the public, and members of the press. Primary postings will be focused on organization level activities, events, meetings, publications and positions. However, we should also try to provide a mix of popular and more technical/scientific posts. By providing popular interest stories, we increase our influence and gain a bigger following with whom we can then share more helpful scientific information.
- Posts to NAME social media accounts must be made by social media administrators ONLY.
- Posters and commenters must respect all HIPAA guidelines when making a post.
- Keep in mind that anything posted on the Internet will stay there FOREVER. Deleting a post or response does not necessarily mean that no one saw it or that it will completely be removed. Think before you post anything on a NAME account to make sure it represents the values and positions of the organization. Administrators need to be careful when using mobile devices if they are switching between personal and NAME accounts to avoid accidentally posting something on a NAME account that was intended for a personal account.
- NAME reserves the right to track, block, discontinue, or suspend your access to any social media platform in relation to NAME without notice and at any time. NAME also reserves the right to filter any content (including comments) posted on any social media site related to them.
- Do not make any political posts on the NAME social media account unless NAME chooses to respond to a certain politician or policy matter. In these cases, the NAME Executive Committee would grant special permission to specified administrators who must act within the parameters of the specified instructions. If NAME as an organization endorses a particular position publicly, sharing news reports about the endorsement in the press is appropriate.
- Do not endorse any products or advertisements on the NAME social media account without direct NAME approval. Sharing on-line content from corporate sponsors who are conference exhibitors in the context of NAME meetings is allowed and is not considered an endorsement.
- Refrain from posting any medical advice directed at individual people or cases on NAME social media accounts. General advice or recommendations directed at the public based on NAME policies or position papers, or guidelines published in The American Journal of Forensic Medicine and Pathology are appropriate.
- Make sure that any images posted of recognizable individuals are posted with consent from the individuals photographed and you get permission to tag or mention them. Overall large group photographs from public spaces where there is no expectation of privacy do not require individual consent, unless the individuals are being tagged or identified by name in the captions.
- Any person who makes a post must abide by the United States federal and applicable state laws regarding social media safety and conduct, and by the guidelines and rules set by the platform.
- It is appropriate for NAME accounts to follow, connect, or friend NAME members or other professional organizations in order to increase exposure and create connections. Following an individual or organization does not constitute an endorsement of their opinions or posts.
- Posts regarding NAME meetings should all include a hash tag (#) and the year of the meeting e.g. #NAME2018 to allow for a more centered access of pictures taken for NAME events.
- NAME meeting presentations cannot be videotaped for dissemination on social media. Posters may be photographed with the permission of the authors but refrain from having any recognizable gross pathology photos or graphic images visible to avoid HIPAA violations.
- Do not post any personal information of participants, such as address, phone number, age, mother's maiden name, city where they met their significant other, or other personal information without permission.
- Do not post any administrative information such as passwords, account names, access codes, or "hidden" urls.

V. DOCUMENT RETENTION POLICY

A. Purpose

This Document Retention Policy ("Policy") represents the policy of the National Association of Medical Examiners, Inc. ("NAME") regarding the retention and disposal of records and electronic documents. This Policy is made to comply with the requirements of the Sarbanes-Oxley Act, which makes it a crime to alter, cover up, falsify, or destroy any document with the intent of impeding or obstructing any official proceeding. In addition, and in general, the purposes of this document retention policy are for NAME to ensure that necessary records and documents are adequately protected and maintained and to ensure that records that are no longer needed by NAME or are of no value are discarded at the proper time.

B. Policy

1. General Guidelines.

Records should not be kept if they are no longer needed for the operation of the organization or required by law. Unnecessary records should be eliminated from the files. The cost of maintaining records is an expense which can grow unreasonably if good housekeeping is not performed. A mass of records also makes it more difficult to find pertinent records.

From time to time, NAME may establish retention or destruction policies or schedules for specific categories of records in order to ensure legal compliance and to accomplish other objectives, such as preserving intellectual property and cost management. Several categories of documents that warrant special consideration are identified below. While minimum retention periods are established, the retention of the documents identified below and of documents not included in the identified categories should be determined 'primarily by the application of the general guidelines affecting document retention, as well as the exception for litigation-relevant documents and any other pertinent factors. All officers, directors, and employees are expected to comply fully with any corporate-approved record retention and destruction policies and schedules.

2. Exception for Litigation-Relevant Documents.

All officers, directors, and employees should note the following exception to any stated destruction schedule: If you believe, or NAME informs you, that NAME records are relevant to litigation or potential litigation (i.e., a dispute that could result in litigation), then all scheduled destruction of potentially relevant records must cease, and you must preserve those records until it is determined that the records are no longer needed. This exception supersedes any previously or subsequently established destruction schedule for those records.

3. Minimum Retention Periods for Specific Categories of Records.

a) *Organizational Documents*

Organizational records include NAME's Articles of Incorporation, By-laws and IRS Form 1023, Application for Exemption. Organizational records should be retained permanently. IRS regulations require that Form 1023 be available for public inspection upon request.

b) Tax Records

Tax records include, but may not be limited to, documents concerning payroll, capital asset purchases and sales, expenses, proof of contributions made by donors, accounting procedures, and other documents concerning NAME's revenues. All records, including income tax and informational returns (including Form 990), payroll taxes and supporting documentation should be retained permanently.

c) Employment Records/Personnel Records

NAME should keep personnel files that reflect performance reviews and any complaints brought against NAME or individual employees under applicable state and federal statutes. NAME should also keep in the employee's personnel file all final memoranda and correspondence reflecting performance reviews and actions taken by or against personnel. A copy of the Employee Handbook, and each revision thereof, should be retained permanently. Employment applications should be retained for three years. Retirement and pension records should be kept permanently. Other employment and personnel records should be retained for seven years after separation from service.

d) Members, Board, and Board Committee Meetings

Meeting minutes should be retained permanently in NAME's minute book.

e) Membership Records

NAME should keep membership applications, ethics investigations, and other membership records for seven years after an individual ceases to be a member of NAME.

f) Office Accreditation

NAME should keep records with respect to office investigations and accreditations for seven years after NAME's investigation and subsequent contacts with the office ceases.

g) Contracts

Real Estate purchase and sale contracts and records should be retained permanently. Leases and general contracts, along with supporting documentation, should be retained for seven years after termination.

h) Legal Documents

Litigation documents should be retained for seven years after the close of the matter. Court orders and judgments should be retained permanently as should legal opinions.

i) Intellectual Property Documents

Intellectual Property documents, including trademark and copyright registrations, should be retained permanently.

j) Insurance

Expired insurance policies, insurance records, accident reports, claims, and related documentation should be kept permanently.

k) Audit Records

Audit reports and financial statements should be kept permanently.

l) Banking and Accounting

Accounts payable ledgers, accounts receivable ledgers, bank statements, bank reconciliations, electronic funds transfers, cancelled checks, and credit card records should be kept for seven years.

m) Correspondence

Unless correspondence falls under another category listed elsewhere in this policy, correspondence should generally be saved for three years.

4. Storage of Records.

a) Tangible Records

Tangible records which are active should be stored in the main office. Inactive tangible records may be stored in an off-site storage facility.

b) Electronic Records

All E-mails sent or received should be reviewed within ninety (90) days after receipt or sending. E-mails related to the conduct of NAME's business and falling into one of the categories listed in Section 3 of this Policy should be retained, and e-mails not falling into one of the foregoing categories should be deleted. Those e-mails being retained should either be printed and stored as tangible evidence or backed up and stored electronically on a server, disk, or other media. This back-up should be performed as needed to ensure that important documents are retained in any case, not less often than annually.

5. Destruction/Deletion.

a) Tangible records

Tangible records should be destroyed by shredding or some other means that will render them unreadable and unable to be reconstructed.

b) Electronic records

NAME will direct its IT contractors to ensure that electronic records are properly and permanently destroyed. All duplicate original records must be destroyed along with the originals.

6. Administration of Policy

The Executive Director shall be responsible for administering and overseeing this Policy, including performing the following functions:

- Implementing the Policy;
- Ensuring that employees are properly educated, understand and follow the Policy;
- Providing oversight on actual retention and destruction;
- Ensuring proper storage of documents;
- Suspending the destruction of documents upon foreseeable litigation; and
- Communicating with the Board of Directors regarding any issues pertaining to the implementation and administration of the Policy.

All questions relating to document retention and/or destruction should be directly addressed to the Executive Director.

C. Adoption of Policy

1. Executive Committee Adoption

The Executive Committee of NAME has adopted these Policies as of the date set forth below. Amendments to these Policies may be adopted in conformance with NAME's By-Laws as then in force and effect.

VI. PUBLIC INFORMATION REQUESTS

Issue:

To what extent does the National Association of Medical Examiners ("NAME") need to disclose information requested of it by members of the general public?

Facts:

Analysis by David Weiss and Associates.

We have formed our legal conclusions based on certain facts which we have gathered from our conversations with you, our examination of NAME's corporate documents and our general understanding of NAME's operations. If the following facts are not accurate, or if other material facts are known to you but are not recited below, please advise, as such may alter our legal analysis and conclusion. The facts on which this memorandum is based are as follows:

- NAME is a private, non-profit corporation organized under the laws of the State of New York as a professional organization to promote professional excellence in the field of medicolegal death investigations, exchange ideas regarding the practice of medical examiners, develop consensus and guidelines, provide training, and other matters related to supporting members of the medicolegal profession.

- Membership in NAME is voluntary and includes primarily, but not exclusively, physician medicolegal death investigators from across the nation.
- NAME does not contract with any governmental agency for public services, nor are the board members acting on behalf of any governmental agency.
- NAME performs ethics investigations, but these ethics investigations (and the records relating thereto) are used solely for internal purposes and are not used by any government agency for licensure or disciplinary purposes.
- NAME's funding is exclusively from membership dues and other private sources.

Law and Analysis:

As NAME maintains a presence in New York, Georgia and Missouri, we researched all three of these states' laws on this matter, but only those particular states' laws. It is possible, although unlikely, that NAME's contacts and business in other states may provide a sufficient nexus to subject it to the laws of those states, some of which may require disclosure. We are not, however, aware of any particular state's requirements in those regards.

The primary disclosure laws with which we were concerned are so-called "Sunshine Laws" (e.g. Freedom of Information Acts and Open Meetings Laws). These Sunshine Laws are federal and state laws which generally require governmental entities to disclose their records to the public. New York, Georgia and Missouri have all adopted substantially similar Sunshine Laws. (RSMo. 610.010 et seq.; NY CLS Pub 0§§ 86, 102; OCGA § 50-18-70). In each of these states, non-profit corporations which are sufficiently intertwined with governmental agencies are treated as quasigovernmental agencies and are subject to the disclosure requirements of the Sunshine Laws.

In Missouri, although medical examiners themselves are subject to the Sunshine Laws (see *News-Press & Gazette Co., v. Cathcart*, 974 SW2d 576 (Mo. Ct. App. 1998)), there is no indication that NAME, as a separate entity, will be subject to the Sunshine Laws. In a similar factual scenario, the National Association of Insurance Commissioners was held not to be subject to the Sunshine Laws when its purpose was not to enter into contracts with or engage primarily in activities carried out pursuant to agreements with Missouri governmental bodies. *SNL Secs v. National Ass'n of Insurance Comm'rs*, 23 SW3d 734 (Mo Ct. App. 2000).

Likewise, in New York and Georgia, not for profit corporations which promote the public good and work with governmental agencies are not subject to the Sunshine Laws when the corporations are formed by private individuals, they are governed by self-selected boards of directors, they are privately funded, and their operating budgets are not subject to approval by any governmental body. *Lugo v. Scenic Hudson, Inc.*, 685 NYS2d 761 (App. Div. 1999); see O.C.G.A. § 50-18-70(a).

Not for profit corporations have been found to be subject to the Sunshine Laws in cases 1) where the essential purpose of the corporation was to enhance a governmental agency and it would not exist but for that agency and 2) where the board of directors was effectively controlled by governmental agencies. See *Comm on Open Gov't FOIL*, AO-9625; *Comm on Open Gov't FOIL*-AO-13496; *Comm on Open Gov't OML*-AO-3483; *North Kan. City Hosp. Bd. Of Trustees v. St. Luke's Northland Hosp.*, 984 SW.2d 113 (Mo. Ct. App. 1998); *Northwest Ga. Health Sys. v. Times-Journal, Inc.*, 461 SE2d 297 (Ga. App. Ct. 1995).

As you expressed specific concern regarding ethics investigations, we must note that disciplinary investigations by governmental licensing boards have been held to be subject to the Sunshine Laws. *Bever v. State Board of Registration for the Healing Arts*, 2001 Mo. App. LEXIS 148 (Mo. Ct. App. 2001). However, an essential element in this finding is that the body in question must be a public governmental body. Absent a strong connection between NAME's ethics investigations and a governmental body, there appears to be little authority to find NAME's records to be subject to public disclosure.

Conclusion:

Based on the facts above, NAME is unlikely to be subject to the Sunshine Laws as NAME was formed and is controlled by private individuals rather than government agencies; its primary purpose is to promote the profession of medical examiners, not to perform governmental functions; it does not have substantial contracts with governmental agencies; it does not receive a substantial portion of its budget from one or more governmental agencies or units, nor does it control or disburse government funds; and it does not effectively serve as an arm of, or alter ego for, any governmental agency. Accordingly, a strong argument exists that NAME need not disclose its public records as a matter of law.

Other Laws:

Our primary concern in our research was the Sunshine Laws in the states of New York, Georgia, and Missouri, as discussed above. Our research did not disclose the existence of any state laws in New York, Georgia, or Missouri aside from the Sunshine Laws which would generally require disclosure of NAME's records to the public. We have not reviewed the laws of any states other than New York, Georgia and Missouri, and although unlikely, as we discussed before, it is possible that NAME might be subject to the laws of another state, which might include broader Sunshine Laws or even other regulations outside of the scope of the Sunshine Laws.

Although your concern was with respect to accreditation and inspection records, you should be aware that as a 501 (c) organization, you are required to disclose your initial tax exemption application (IRS' Form 1023), and annual informational returns (IRS Form 990) for the last three years, along with all supporting documentation filed therewith (including organizational documents) to members of the public, if requested. See, e.g. IRC § 6104 et seq. We can provide additional details on these disclosure requirements if you are interested in them.

VII. POSITION PAPERS AND STATEMENTS

A. Position Paper Guidelines

1. Position papers state positions officially endorsed by the National Association of Medical Examiners (NAME) as authorized by the Board of Directors and are intended to assist in the practice of medicolegal death investigation. Position papers discuss subjects in the field of forensic pathology of vital interest to the public and to the membership at large. A position paper will discuss not only the majority opinion about its subject but will also address accepted (mainstream) minority opinions.
2. A position paper is initiated by the President or by direction of the Board of Directors.
3. The President, with the Executive Committee's approval, appoints the lead author.

4. The lead author, with the Executive Committee's approval, selects experts and co-authors to assist in preparing the first draft of the paper.
5. The first draft of the position paper is submitted to the Standards Committee to evaluate for potential conflicts with existing Standards and/or the implied creation of a new Standard. If the Standards Committee identifies conflicts or perceives a new standard is proposed, attempts to resolve this will be made with the submitting author. Resolutions include: Authors' revision, revision of an existing Standard, or proposal of a new Standard to the Standards Committee. (Note: the latter two forms of resolution require voting by the NAME membership at the annual Business Meeting, in accordance with NAME policy.)
6. The draft is then submitted to the Board of Directors for review and comment. The Board of Directors votes (simple majority) to accept or reject the paper in concept.
7. The draft is re-edited and posted on the NAME website for 30 days during which time the general membership has the opportunity to review and comment.
8. The authors re-edit the paper based on members' comments and then submit it to the Executive Committee for approval. The Executive Committee votes (simple majority) to accept, accept with additional revisions, or reject the paper.
9. Following Executive Committee approval, the position paper is presented to the Board of Directors no less than 1 month prior to the next Board of Directors' meeting for final approval. Final approval requires a super-majority (3/4) for acceptance.
10. Accepted position papers will be published as approved (with the exception of stylistic changes) in the journal of NAME (currently *The American Journal of Forensic Medicine and Pathology*) as a position endorsed by the National Association of Medical Examiners for five years.
11. A paper rejected by the Executive Committee or Board of Directors may be submitted to any medical journal as the product of the authors, but it may not be identified as an endorsed opinion of NAME.
12. NAME's endorsement of a position paper ends five years from publication of the position paper. NAME may renew its endorsement of a position paper by following steps 2-10 above, with revision of the original manuscript as appropriate for changes in knowledge or understanding that occur during the five-year life of the original position paper.

B. Summary

The National Association of Medical Examiner provides position papers in order to enhance the practice of forensic pathology and medical science. The papers represent the consensus of the membership of NAME. The papers may be revised in order to represent the most current opinions and practice within the field of forensic science.

C. Guidelines for Writing a NAME Position Paper

- 1) Manuscripts reporting consensus statements must include a detailed methods section, and all aspects of the statement, including recommendations, are subject to review and revision by the NAME Board of Directors. The paper must include an abstract of no more than 250 words telling the paper's Objective, Participants, Evidence, Consensus Process, and Conclusions. The descriptions should be summarized in the abstract and expanded in the text.
- 2) Objective. Describe the issue, purpose, and intended audience for the position paper. The issue may be a diagnostic dilemma (whether medically or politically or both), a specific health problem, or practice options in forensic pathology. The purpose may be to guide diagnostic practice, to develop

public policy, or to set norms for evaluating clinical performance. The audience may include forensic pathologists, clinicians, attorneys, researchers, health planners, the public, or all of these groups.

- 3) Participants. Explain how individuals became participants (e.g., selection by staff members of the sponsoring agency, nomination by supporting associations, or self-designation). Explain whether meetings were open or closed. Describe the number of participants (particularly panel members or subgroups responsible for developing the statement) and their areas of expertise. Disclose the sponsor or funding source.
- 4) Evidence. Describe data sources, selection, abstraction, and synthesis. If a formal literature review was prepared, describe who wrote it and whether it was reviewed. Explain the use of unpublished data and the influence of expert opinion and comments from other participants. The finished paper must include a bibliography of sources upon which the position is based. If the topic is controversial, then this section should include evidence that argues against the position taken as well as evidence arguing for the position taken.
- 5) Consensus Process. Describe the basis for drawing conclusions. Explain the process by which consensus was achieved and when the consensus process took place. Explain who wrote the statement (a single person or a writing committee); whether it was drafted before it was presented to the group or after the group had expressed its opinions; and the time during which it was written. Describe who reviewed the statement and how suggestions for revision were incorporated. Give reasons for choosing one point of view over a different, conflicting point of view. (Allows reader to grasp how consensus was reached. Was process akin to jury deliberation based on evidence presented, to a scientific meeting where professional colleagues share findings, or to a town meeting where any interested person may voice an opinion? Is consensus reported that of all members of group or that of some especially active members of group?)
- 6) Conclusions. Summarize the consensus statement recommendations. Conclusions may include the benefits, harms, and costs that are expected if the recommendations were implemented. Include important minority views and discuss what makes the minority view a minority view. (Is the minority view held by a third of NAME, by 1%? Is the minority view such because it is a) unproven and pure speculation (i.e. a position held by a person or two and useful to them for some reason), b) a legitimate hypothesis but without compelling scientific evidence, or c) some scientific evidence exists for minority view but not enough to make that view "more correct" than the stated position in the position paper. (A paper that reviews and examines all views and provides a rationale for why the stated position was chosen over any minority views will appear more fair and balanced because the authors thoughtfully gave consideration to opposing viewpoints. In other words, it makes the paper seem like a review on a TOPIC which ultimately comes to a specific viewpoint/conclusion, rather than a paper purporting only one specific viewpoint/conclusion from its inception.)

D. Position Paper Format

A position paper shall be concise (fewer than 2000 words recommended) and formatted as follows:

- 1) Abstract: The abstract is a concise (fewer than 250 words) review of the paper. The abstract summarizes the introduction, background, body, and major points of the paper.
- 2) Introduction: The introduction concisely states the purpose and historical background that prompted creation of the paper.
- 3) Discussion: The discussion is a review of the current state of knowledge on a particular subject. This section should contain only information currently accepted as factual under existing scientific methodology and knowledge. This section is intended to present a balanced review of the subject of the paper by highlighting the current state of knowledge, areas of contention, and preferred

methods of practice. The paper will acknowledge and discuss mainstream minority opinions. Personal opinions, speculative theory, or information relative to a specific case cannot be included in this discussion.

- 4) Conclusion: The conclusion states succinctly the major points supported by the paper.
- 5) References: The paper shall include a concise list of references that support the main points of the paper as well as the mainstream minority opinions discussed in the paper.

NAME will produce two types of position papers:

- i) Administrative position papers on topics of policies and procedures related to forensic medicine for which there is no requirement for sunseting after five years.
- ii) Scientific papers of scientific interest that will require a five-year sun setting period, with a requirement that they're in a position paper format.

E. Review and Comment on Position Papers

- 1) Position papers and other publications will be published as an official publication of NAME and will be posted on the NAME website for a 30-day period of review and comment by the membership. This review will be completed and comments appropriately considered prior to final preparation by NAME.
- 2) A paper rejected by the Executive Committee or Board of Directors may be submitted to any medical journal as the product of the authors, but it may not be identified as an endorsed opinion of NAME.

F. Position Statements

- 1) The Executive Committee may prepare and release position statements as needed during the year, but such position statements require ratification by the Board of Directors at its next meeting to remain in effect.

VIII. AWARDS

1. Milton Helpern Laureate

- 1) Milton Helpern, MD was one of the founding physicians of this organization. This award was named after him in recognition of his outstanding contributions to modern medicolegal investigative systems in the United States and was first presented in 1991 at the 25th Anniversary of the organization. The award may be given annually. However, no more than one award should be given in any year.
- 2) The awardee shall be known as the Milton Helpern Laureate. Public announcements should be released to the press, and bestowal of the award shall be documented in NAME publications.
- 3) Nominees shall possess four qualifications:
 - a) Have a long, outstanding career as a medical examiner.
 - b) Have made outstanding contributions to the promulgation of a modern medicolegal investigative system.
 - c) Have obtained professional recognition and respect among his/her colleagues.

- d) Have adhered to the high principles and standards set by the National Association of Medical Examiners and contributed to the goals of the organization.
- 4) The award shall be in the form of a suitable object engraved with at least the name of the organization, the name of the award, the name of the awardee, the name of the President of the organization, and the date of the award.
- 5) In view of the honor this award represents, the National Association of Medical Examiners shall budget funds to cover the preparation of the award, the presentation ceremony (including lunch or dinner for the recipient and an immediate family member hosted by the association), meeting registration, travel and lodging for the recipient and immediate family member. Current travel and expense policies shall be followed.

2. George E. Gantner, Jr., MD Annual Lecturer

- 1) The lecture presented at the annual meeting of the National Association of Medical Examiners is henceforth named after George E. Gantner, Jr., MD. This lectureship acknowledges and pays tribute to the contributions made by him to the National Association of Medical Examiners. The individual giving the lecture and receiving the award shall have made outstanding contributions to the advancement of forensic science and shall have attained professional recognition and respect as an orator in a professional field.
- 2) Upon completion of the lecture, a suitable object commemorating the event shall be presented to the lecturer by the president of the National Association of Medical Examiners. The National Association of Medical Examiners shall cover the award, meeting registration, travel and lodging for the recipient. Current travel and expense policies shall be followed.

3. Eckert Award Paper

- 1) Timetable and mechanism for selection of Eckert Award Paper
 - a) In order to include notice of the previous year's Eckert Award Paper in the March issue of AJFMP, the subcommittee's decision must be sent to the editor by October of the previous year. Therefore, the fiscal year under consideration for publication in March 2020 would stretch from December 2018 to September 2019, and so forth for each subsequent year.
 - b) Upon receipt of the September issue of AJFMP, the Chair of the EPP subcommittee for the journal of NAME will solicit the members of the subcommittee for nominations for the best paper in the previous four issues. The Chair may suggest a paper if he/she chooses.
 - c) The Chair will take all articles suggested by the committee members within a week and compile the titles for redistribution to the committee members for review and consideration.
 - d) Each committee member will vote for the paper he/she thinks the best of the year. The votes will be tallied by the Chair. A paper must receive a simple majority of the committee members' votes. If no paper has a simple majority, then the committee will vote in a run-off if two papers are vying for the honor. If more than two papers are vying for the honor, a conference call may be necessary to vote and settle the matter.
 - e) The Chair will submit the committee's decision to Editor of AJFMP by October for inclusion in the issue of the following March. Generally, this decision will be made and forwarded to the Editor prior to the annual meeting of NAME.
- 2) Criteria for selection of Eckert Award Paper
 - a) The committee wishes to honor work that is innovative, useful, important, and otherwise influential in the practice of forensic pathology. Position papers are ineligible for the award. The committee does not wish to limit which paper may be honored by defining the criteria too

narrowly, so examples may be more helpful. Timeliness, such as a pertinent analysis of death investigation in the nursing home population, may prove the most useful paper in a given year. A new way of considering death investigation, such as testing for carbon monoxide in supposed drowning associated with motorboats, may be the most innovative. A paper that dispels a wrongly held notion, such as the specificity of avulsion of the right thumb as an indication of an attempt to control an airplane's flight, may be the most important.

4. Outstanding Service Award(s)

- 1) An award for outstanding service is presented to an individual who has demonstrated dedication and service to the organization and its mission. The subcommittee for Awards shall determine the number of nominees each year.
- 2) All recipients of the award shall have made exceptional contributions to the advancement of the National Association of Medical Examiners and be held in high esteem by their colleagues for their service and contributions.
- 3) The award(s) shall be presented at a NAME meeting by the president or a designee. The award shall be an object suitably inscribed to commemorate the event and should be titled OUTSTANDING SERVICE AWARD.
- 4) Expenses incurred for the awards must be approved by the Executive Committee and the Board of Directors in consultation with the Finance Committee. Current travel and expense policies shall be followed.

5. Lifetime Achievement Award

- 1) Lifetime Service Award Description:
 - a) Awarded to an individual, who over his or her career has donated to NAME his or her time, service, and expertise beyond that which is customary or expected. This lifetime of service has resulted in tremendous growth of our organization, such that, without it NAME would not be the outstanding professional organization it is today.

6. Iceberg Award

- 1) Purpose/criteria: NAME Presidents to recognize those people who have been extremely helpful during their Presidency.
- 2) Award is inscribed: President's Award – For Special and Ongoing Service to NAME.

7. Star Award (Service-Time-Attitude-Respect)

- 1) Given by the President to an individual who has consistently demonstrated a willingness to SERVE the organization, who spends a significant amount of TIME performing such service, and who constantly maintains a positive ATTITUDE toward and appropriate RESPECT of other individuals and the organization as a whole.

8. Setting the Standard Award

- 1) Purpose/criteria: To recognize the efforts and accomplishments of an individual NAME member in the area of establishment and promotion of professional practice and office/system accreditation standards.
- 2) The recipient to be chosen by the President of NAME and is not subject to review by the Subcommittee on Awards. The award is presented at the NAME annual luncheon. No prepared remarks on the part of the recipient are expected.
- 3) The award is expected to be given rarely, not every year, and only when a truly deserving candidate is identified.
- 4) First award is to be a pen (not Monte Blanc).

9. Executive Diamond Award

- 1) Purpose/criteria: NAME Presidents to recognize members for vision, excellence and service to NAME
- 2) Award is a Crystal Executive Diamond Award with four pillars inscribed "Service" (3 pm), "Excellence" (9 pm), "Vision" (12 pm), Year presented (6 pm).
- 3) Plaque below to read with the NAME logo to the left and to the right member name (at top) and "Member and Colleague for your Vision, Excellence and Service to NAME" (at bottom).

10. Compass Award

- 1) Purpose/criteria: For Steadfast and Enduring Counsel to the National Association of Medical Examiners

11. Vision Award

- 1) Purpose/criteria: In Recognition of Leadership, Collaboration, Advocacy, and Outreach to the Advancement of Medicolegal Death Investigation

12. Thomas Noguchi Loyalty Award

- 1) Purpose/criteria: In Recognition of Unfailing Collegiality and Generosity; for Inspiring Generations of Forensic Pathologists; and for Many Decades of Tireless Effort, Dedication, and Enthusiasm Serving the National Association of Medical Examiners

13. Susan P. Baker Public Health Impact Award

- 1) Purpose/criteria: Papers and posters will be judged:
- 2) Scientific merit (study design, data quality, analysis and interpretation of data, scientific writing).
- 3) Potential contribution to public health (surveillance; understanding the etiology, risk and/or protective factors of a public health problem; public health action – emergency response, intervention, and policy development; or the evaluation of the impact of public health-related interventions and policies).
- 4) Evidence that the author has or intends to translate this research into action that benefits public health (either directly or through partnership with public health and safety-related agencies and organizations).
- 5) Potential to contribute to increased appreciation in the forensic community for the role of forensic research in advancing public health.

IX. MISCELLANEOUS

A. Definition of a Forensic Pathologist

The NAME defines a “Board Certified Forensic Pathologist” in the USA as a Pathologist certified in FP by the American Board of Pathology or its international equivalent as determined by the Board of Directors. The NAME does not recognize Board certification by any other US body. Any unqualified representation of Board Certification not by the ABP is considered a misrepresentation of professional standing.

B. Electronic Executive Committee and BOD Packets

The Board of Director packets and the Executive Committee packets will be sent out electronically.

C. Summary of Major Actions of the Executive Committee and BOD

Timely communication of information, actions, and activities from NAME leadership to the general membership is desired. The intention is for the Executive Committee (EC) to communicate its activities to the Board of Directors (BOD), and for both the EC and BOD to relate all major activities to the membership. This will involve a written synopsis of the Executive Committee meeting, including motions approved, presented by the President to the BOD and a written synopsis of the Annual BOD meeting, including motions approved, which will be distributed following approval of the minutes by the BOD to the membership electronically by means of the NAME website. This will be posted to the member side only.

D. Public Statements

- 1) Any member is entitled to make statements provided that he/she is not speaking on behalf of NAME without permission. Any distasteful or unethical statements bringing disgrace on NAME may be subject to disciplinary action.
- 2) Statements made as representative of NAME.
 - a) The President is the official spokesman of NAME.

E. Sponsorship or Endorsement of Non-Name Meetings, Products, and/or Documents

- 1) Endorsement guidelines:
 - a) The document to be considered for endorsement will be submitted to the NAME Executive Committee.
 - b) After due evaluation the NAME Executive Committee will either recommend that the document be endorsed, that the document not be endorsed, or that the submitter of the document rewrite the document in order to make it appropriate for endorsement. In those cases in which the document is clearly unacceptable to the NAME Executive Committee, it would not be further considered.
 - c) Endorsement statement:

“The National Association of Medical Examiners endorses this product as useful for improving the quality of death investigation.”

d) The NAME logo is protected by copyright. It may be used as a symbol of accreditation on correspondence/reports by those Medical Examiner Offices that have full or provisional NAME office accreditation. The NAME logo cannot be used by other organizations or on documents belonging to other organizations, even if they have been endorsed by NAME.

F. Travel Policy

- 1) Policy:
 - a) Reimbursement for travel expenses related to conducting business of the National Association of Medical Examiners (NAME) requires pre-approval of the travel. This applies to all members and affiliate members (all categories), and any and all employees, consultants, advisors, collaborators, contractors, invited lecturers, I&A Inspectors, and guests of NAME. Approval of travel qualifying for reimbursement by NAME may be granted only by the President of NAME or the NAME Executive Committee.
 - b) Travel requests must be submitted to NAME headquarters by E-mail or FAX) well in advance of the anticipated travel date(s).
 - i) Traveler must include copies of the hotel reservation confirmation and a copy of the airline/travel agency/travel web site estimate showing dates of travel and cost.
 - c) Standard requirements and restrictions shall be established to ensure that NAME business-related travel is cost-effective.
- 2) Requirements:
 - a) In January of each year, the NAME Finance Committee shall review the budget and set a recommended dollar limit for total travel reimbursements for the current calendar/budget year. The recommended dollar limit shall be set and made known to the Executive Committee and the Executive Director prior to the Executive Committee meeting held in conjunction with the NAME interim meeting in February.
 - b) The President of NAME may approve travel requests, and therefore travel reimbursements to the limit of the recommended dollar limit set by the finance committee, prioritizing in accordance with the President's goals for the year.
 - c) Once the recommended dollar limit has been reached, approval of travel may still be granted if deemed of sufficient importance to warrant additional costs but shall require approval of the Executive Committee. A simple majority of the Executive Committee being in favor of the travel shall allow approval.
 - d) Requests are to be submitted in writing by E-mail or Fax as far in advance as possible to NAME headquarters, attention the Executive Director. The written request must include the reason for the travel, the dates of anticipated travel, the places of travel origin and destination, and anticipated trip expenses – itemized and total.
 - e) The Executive Director shall coordinate travel requests and approval or disapproval notifications, including providing up-to-date total travel expenditures for the current year, with the President, the Executive Committee, and the requesting parties.
 - f) If travel is approved, claims for reimbursement for travel-related expenses must be submitted in writing with proper documentation and receipts as needed (see below) no later than 90 days after the date(s) of travel.
- 3) Restrictions:
 - a) Airline tickets / airfares must be booked a minimum of two weeks in advance of the travel - coach class only for travel within the continental United States. If the origin and/or destination

is outside the continental United States, and the scheduled flight time, including stopovers and change of planes, is in excess of 14 hours, business class is permitted, in accordance with Federal Travel Regulations. Airfare receipts are needed.

- b) Personal car use will be reimbursed at the current federal government rate (cents per mile) plus parking and toll fees, provided that these costs do not exceed the cost of air travel (coach). Parking and fee receipts are needed.
 - c) If travel is by air, reimbursement for ground transportation (taxi, shuttle, bus, tram/train, etc.) shall be limited to two one-way trips. Ground transportation receipts are needed.
 - d) Rental cars/vehicles are not to be used for NAME business under usual conditions. Under special circumstances, the Secretary-Treasurer and Executive Director may authorize rental car/vehicle use and reimbursement for associated costs, provided that the costs of a rental car/vehicle do not exceed the costs of other forms of transportation for the same distance(s) traveled. Authorization is needed in advance of travel and rental car/vehicle receipts are needed.
 - e) Hotel reimbursement shall be for single room/single occupant rate only. Hotels are not to exceed a four-star AAA rating unless a designated meeting hotel. Hotel costs are not to exceed the room rates published in the materials related to the event being attended. Hotel receipts are needed. Hotel room incidentals are not reimbursable.
 - f) Meals and incidentals will be reimbursed at current federal government daily rates. No receipts are needed.
 - g) In the event of any disputed expenses or receipts, the Executive Committee has final authority to approve, reject, or modify any reimbursement.
- 4) Special Provisions for Urgent Situations
- a) In the event of an urgent situation needing NAME representation on short notice, first, all reasonable efforts should be made to identify an appropriately qualified NAME member living/working near the location of the situation/event at hand to represent NAME under presidential appointment. If such an individual is not available, the usual travel/reimbursement requirements and restrictions may be waived with the approval of the Executive Committee (by simple majority) to allow someone from outside the area to attend to the situation.
- 5) Travel Expense Reimbursement Form
- a) See NAME Travel Expense Reimbursement Form at end of this manual.
 - b) Claims for reimbursement must be turned into the Association no later than 90 days after the date(s) of travel.
 - c) Personal car use will be reimbursed at current federal government rate plus parking and toll fees, provided that these costs do not exceed the cost of air travel (coach) to the destination.
 - d) Hotel reimbursement is for single room rate only; incidentals are not reimbursable.

Complete the form and email to name@thename.org including requested document.

G. Merchandise and Services Available

Merchandise is listed on the NAME website.

a) Listing of Membership

Available to members only. An e-mail directory of members on Name-L is also available upon request.

b) Website Advertising of Job Openings

Posting of Job Openings is available to any NAME member and/or NAME accredited agencies for a fee of \$100 for a 60-day listing. Non-members and non-accredited agencies may post for a fee of \$150 for a 60-day listing.

c) Website Advertising of Meeting Notices

Notices for forensic meetings will be posted without charge.

d) Website Advertising of Forensic Consultation Services and Private Autopsies

Advertising of consultative services and private autopsies is a membership benefit and will be posted without charge.

H. Expert Witness Testimony

- 1) **Expert Witness Testimony:** The role of an expert witness is to provide impartial scientific interpretation and opinion. Testimony is in a clear and straightforward manner. Opinions and conclusions are rendered only to the extent justified by the results and findings of the case. Qualifications are not exaggerated or misrepresented. The expert witness does not exceed the degree of expertise or field of competence. Where applicable, a reasonable fee for services is set.
- 2) **Professional Consultation:** A consultant is not an advocate for a particular viewpoint. A consultant adheres to scientific principles. Opinion and interpretation do not exceed findings and results. Experience, training, expertise and qualifications are not exceeded, misrepresented or exaggerated. Conflicts of interest are recognized and dealt with appropriately. The client and the consultant are fully aware of the scope, terms and limitations of the relationship. Reports are delivered in a timely manner to the client or designee with preliminary reports, if necessary.
- 3) **Ethics Committee Role:** Ethics complaints will be addressed by the Ethics Committee according to the procedures established in NAME Bylaws, Article X, Section 5, and any Rules and Procedures formulated by the Committee and approved by the Board of Directors.

I. Obtaining Legal Opinions

Committee Chairs requiring an expert legal opinion on a matter of business pertaining to their committee should inform the President of NAME of the request and the matter should be referred to Chair of the in-house Legal Affairs Committee of NAME. If the matter cannot be resolved by the Legal Affairs Committee, and the Chairs feel the need for outside legal consultation, the request shall be referred back to the President for approval of the expenses by the Executive Committee. A majority vote of the Executive Committee shall be required to approve the outside legal consultation expenses.

J. Communications with Members

All communications with members will be routinely accomplished electronically via e-mail. Exceptions will be made for members having no e-mail address and for important legal communications as determined by the President, Executive Committee, or the Executive Director.

K. Tax Status of the Association

501c3 status was approved in 2010. The New York Corporation was dissolved, and the new Corporation was approved with location in Missouri. The New York officers and BOD members were appointed to their existing positions within the new Missouri Corporation by the Secretary-Treasurer who was the incorporating officer. The surviving corporation will be legally referred to as the "National Association of Medical Examiners, Inc.". The new Missouri bylaws, as developed by the NAME Attorney and the incorporating officer, were approved.

L. Anti-Harassment Policy

It is policy of the National Association of Medical Examiners (NAME) that any type of harassment of NAME members, NAME staff, or other attendees at or in connection with NAME meetings, including but not limited to committee meetings, dinners, receptions, and social gatherings held in conjunction with any NAME meeting is unacceptable and will not be tolerated. NAME has zero tolerance for harassment where staff and members are conducting NAME business or meeting.

Harassment consists of unwelcome conduct whether verbal, physical, or visual that denigrates or shows hostility toward an individual because of his/her race, color, religion, gender, gender orientation, gender identity, national origin, age, disability, familial status, or citizenship, and that: (1) has the purpose or effect of creating an intimidating, hostile, or offensive environment; (2) has the purpose or effect of unreasonably interfering with an individual's participation in meetings or proceedings of the BOD or any NAME entity; or (3) otherwise adversely affects an individual's participation in such meetings or proceedings or an individual's employment in NAME.

Harassing conduct includes, but is not limited to: epithets, slurs, or negative stereotyping; threatening, intimidating or hostile acts; denigrating jokes; and written, electronic, or graphic material that denigrates or shows hostility toward an individual or group or that is placed on walls or elsewhere at a NAME meeting or circulated in connection with any NAME meeting.

Sexual harassment also constitutes discrimination, is unlawful, and is absolutely prohibited. Sexual harassment includes: (1) making unwelcome sexual advances or requests for sexual favors or other verbal, physical, or visual conduct of a sexual nature; and (2) creating an intimidating, hostile, or offensive environment interfering with an individual's participation in meetings or an individual's work performance. Sexual harassment may include such conduct as explicit sexual propositions, sexual innuendo, suggestive comments or gestures, descriptive comments about an individual's physical appearance, electronic stalking or lewd messages, displays of foul or obscene printed or visual material, and any unwelcome physical contact.

Retaliation against anyone who has reported harassment, submits a complaint, reports an incident, or participates in any way in the investigation of a harassment claim is forbidden. Each complaint of harassment or retaliation will be promptly and thoroughly investigated. Any person who believes that they have experienced harassment as noted above should immediately contact the NAME Executive Director or an Officer of NAME. To the fullest extent possible, NAME will keep complaints and the terms of the resolution as confidential as possible, similar to a complaint made of a NAME ethics violation. A complaint will be investigated by the Ethics Committee.

X. CONFLICT OF INTEREST POLICY

A. Article I: Purpose

The purpose of the conflict of interest policy is to protect the National Association of Medical Examiners (the "Organization") interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the Organization or might result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

B. Article II: Definitions

- 1) Interested Person. Any director, principal officer, or member of a committee with governing board delegated powers who has a direct or indirect Financial Interest, as defined below, is an Interested Person.
- 2) Financial Interest. A person has a Financial Interest if the person has, directly or indirectly, through business, investment, or family:
 - a) An ownership or investment interest in any entity with which the Organization has a transaction or arrangement,
 - b) A compensation arrangement with the Organization or with any entity or individual with which the Organization has a transaction or arrangement, or
 - c) A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Organization is negotiating a transaction or arrangement.
- 3) Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.
- 4) A Financial Interest is not necessarily a conflict of interest. Under Article III, Section 2, a person who has a Financial Interest may have a conflict of interest only if the Board of Directors or applicable committee decides that a conflict of interest exists.

C. Article III: Procedures

- 1) Duty to Disclose. In connection with any actual or possible conflict of interest, an Interested Person must disclose the existence of the Financial Interest and be given the opportunity to disclose all material facts to the directors and, as applicable, to members of any committees considering the proposed transaction or arrangement.
- 2) Determining Whether a Conflict of Interest Exists. After disclosure of the Financial Interest and all material facts, and after any discussion with the Interested Person, he or she shall leave the Board of Directors or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.
- 3) Procedures for Addressing the Conflict of Interest
 - a) An Interested Person may make a presentation at the Board of Directors or committee meeting, but after the presentation, he or she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.
 - b) The disinterested members of the Board of Directors or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.

- c) After exercising due diligence, the Board of Directors or committee shall determine whether the Organization can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
 - d) If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the Board of Directors or committee shall determine by a majority vote of the disinterested directors or members whether the transaction or arrangement is in the Organization's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination, it shall make its decision as to whether to enter into the transaction or arrangement.
- 4) Violations of the Conflicts of Interest Policy
- a) If the Board of Directors or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
 - b) If, after hearing the member's response and after making further investigation as warranted by the circumstances, the Board of Directors or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

D. Article IV: Records of Proceedings

- 1) The minutes of the Board of Directors and all committees with board delegated powers shall contain:
- a) The names of the persons who disclosed or otherwise were found to have a Financial Interest in connection with an actual or possible conflict of interest, the nature of the Financial Interest, any action taken to determine whether a conflict of interest was present, and the Board of Directors' or committee's decision as to whether a conflict of interest in fact existed.
 - b) The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

E. Article V: Compensation

A voting member of the Board of Directors who receives compensation, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.

A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.

No voting member of the governing board or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Organization, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

F. Article VI: Annual Statements

Each director, principal officer, and member of a committee with governing board delegated powers shall annually sign a statement which affirms such person:

- 1) Has received a copy of the conflicts of interest policy,
- 2) Has read and understands the policy,
- 3) Has agreed to comply with the policy, and
- 4) Understands the Organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

G. Article VII: Periodic Reviews

To ensure the Organization operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- 1) Whether compensation arrangements and benefits are reasonable, based on competent survey information and the result of arm's length bargaining.
- 2) Whether partnerships, joint ventures, and arrangements with management organizations conform to the Organization's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes, and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

H. Article VIII: Use of Outside Experts

When conducting the periodic reviews as provided for in Article VII, the Organization may, but need not, use outside advisors. If outside advisors are used, their use shall not relieve the governing board of its responsibility for ensuring periodic reviews are conducted.

XI. INSPECTION AND ACCREDITATION POLICY

A. The NAME Inspection and Accreditation Program

The National Association of Medical Examiners (NAME) Inspection and Accreditation (I&A) Program has the explicit purpose of improving the quality of the forensic/medicolegal investigation of death. NAME Accreditation applies to forensic death investigation systems/offices as entities and does not apply to individual practitioners. Facilities are only part of each system, and NAME does not accredit facilities alone.

The accreditation standards emphasize policies and procedures, not professional work product. The accreditation standards represent minimum standards for an adequate medicolegal death investigation system, not guidelines. NAME accreditation is an endorsement by NAME that the system or office provides an adequate environment in which a medical examiner/forensic pathologist may practice his or her profession, and it provides reasonable assurances that the office or system well serves its

jurisdiction. NAME accreditation is not a guarantee of proper medicolegal death investigation or forensic pathology diagnoses.

It is the goal of NAME that application of these accreditation standards will aid materially in developing and maintaining a high caliber of forensic/medicolegal death investigation for the communities and jurisdictions in which they operate.

The NAME Inspection and Accreditation Program is a peer review system. A goal is to improve office or system performance through objective evaluation and constructive criticism. NAME accreditation standards are embodied in the Inspection Checklist. The Inspector interprets and applies each checklist item to the office situation. The Inspector is also the medical examiner's peer and serves as an expert guest consultant to the system or office.

The NAME Inspection and Accreditation Program is intended to evolve over time. Procedures ensure the review of standards and procedures and a mechanism is established for setting standards. The NAME Inspection and Accreditation Program is overseen by the NAME Inspection, and Accreditation Committee, but changes to the Program must be approved by the NAME Board of Directors.

A NAME Accreditation Inspection is different from a NAME Audit. Such an audit is a special review and is not performed for the purpose of accreditation. An office or jurisdiction may request NAME to provide an external audit of its medicolegal death investigation system. Audits are addressed by a separate NAME policy.

B. Applicability

1. Medical Examiner Offices

The Inspection Checklist universally applies to large and small jurisdictions and all types of medical examiner offices.

2. Coroner Offices

Coroner offices may apply for inspection and accreditation. They must meet all of the same applicable accreditation standards as medical examiner offices. Coroners or coroner's pathologists, as office chiefs (or equivalent titles), must meet the personnel requirements of chief medical examiners (or equivalent medical examiner titles).

3. Medical Examiner Systems

Medical Examiner systems may apply for accreditation, but if the system has satellite offices where autopsies are performed, then each such element must also be inspected (on-site inspection of each separate facility/satellite office), and the application fee will be accordingly adjusted. Where all the satellite offices are individually accredited, a certificate of accreditation for the entire system may be issued.

C. The Inspection Checklist

1. Checklist Items as Accreditation Standards

NAME accreditation standards are embodied in the Inspection Checklist. NAME has also established Forensic Autopsy Performance Standards in addition to those standards embodied in the Inspection Checklist. There is significant overlap between the two, but they are not the same.

The Inspection Checklist provides a realistic assessment of the quality of an office or system operation. The Inspection Checklist questions are used during an inspection to evaluate whether or not the system/office meets the NAME Standards for Accreditation.

2. Checklist Format

The checklist question format is designed to provide objectivity, assist preparations for accreditation, promote clarity, and eliminate discrepancies that accrue from the use of multiple documents, force critical review of specific policies and practices, and provide a basis for statistical support.

Each question is uniquely numbered, worded, and designed to produce a "Yes," "No," or "N/A" (not applicable) response. A "No" response indicates the finding of a deficiency. Each question bears a designation of Phase I or Phase II deficiency.

Phase I standards are not absolutely essential requirements; deficiencies will not directly and/or seriously affect the quality of work or significantly endanger the welfare of the public or personnel.

Phase II standards are considered essential requirements; any such deficiencies may seriously impact the work or adversely affect the health and safety of the public or agency staff.

3. Deficiencies Allowed

An inspection finding of no more than fifteen (15) Phase I deficiencies and no (0) phase II deficiencies is required for full accreditation. Provisional accreditation may be conferred for a twelve (12) month period if the office has no more than twenty-five (25) Phase I and no more than five (5) Phase II deficiencies.

4. Checklist Version

The system/office applying for NAME inspection is expected to conduct a self-inspection using a version of the Inspection Checklist that is current at or was in effect during the six-month period immediately prior to the time of application for inspection. If a new Inspection Checklist has been adopted by the NAME Board of Directors between the application time and the time of the NAME on-site inspection, the system/office may opt to apply any individual checklist item from either the version under which application for inspection was made or the more current version. The checklist version that is worded in such a way or has a phase designation that favors a "yes" response and/or favors a higher accreditation status for the system/office being inspected should be used.

5. External Ancillary Services

The design of the checklist recognizes that a medicolegal death investigation system has many parts and is larger than the medical examiner (or coroner) office itself or any individual agency or organization providing medicolegal death investigation services. The inspection and the Inspection Checklist address the system as a whole (the “bigger picture”). For example, it is rare for a medical examiner office to have its own microbiology laboratory. The accreditation standards do not require an in-house microbiology laboratory but do require that an office/system has access to microbiology services and that the microbiology laboratory used is accredited. Although such external ancillary services become part of the system being inspected, NAME does not intend to micromanage such entities; instead an inspector should apply a rule of reason. Thus, in the case of an out-of-house toxicology laboratory, the checklist items (standards) for toxicology staffing, space, and chemical storage would not be applicable (“N/A” for checklist use purposes), but other toxicology-area standards (other checklist items) such as accreditation of the laboratory and certification of the toxicologist do apply. Lack of accreditation or certification in the toxicology area would be identified as a deficiency (marked “No” on the Inspection Checklist).

D. Inspectors

1. Certified NAME Inspectors

The NAME Inspection and Accreditation Program is a peer review system. All Principal Inspectors are to be Fellows of the Association (Board Certified forensic pathologists) who have been specifically trained and certified in the accreditation process as described below (section D.3). Principal Inspectors will also be required to either come from currently accredited offices (full or provisional) or be a current member of the I&A parent committee or one of the I&A subcommittees. Accredited offices/systems may be required to have one or more forensic pathologists trained/certified as an Inspector and conduct one or more inspections.

All certified inspectors and members of the I&A committee or subcommittees will be required to sign a confidentiality agreement binding them to not disclose the content of an inspection outside of the official NAME inspection process detailed herein.

2. Inspector Discretion

Inspectors are representatives of NAME and should strive for objective, dispassionate critiques. Participating facilities should expect a thorough and fair inspection. Overlooking deficiencies that seem minor should not be regarded as a favor to the medical examiner. Most facilities spend considerable time and energy preparing for the inspection and sincerely appreciate a comprehensive inspection.

The NAME Inspection and Accreditation Committee relies heavily on the Inspector's judgment, which is impossible to standardize. Inspectors are given appropriate discretion and sufficient latitude to permit flexibility and judgment in the application of a question to a given office situation. The “not applicable” option is particularly important in this regard. This flexibility is the key to the universal application of the NAME Inspection and Accreditation Program to various offices.

A conscientious Inspector will occasionally have difficulty deciding whether a Checklist item should be marked “Yes” or “No”; this usually occurs in situations of partial compliance (and thus partial

noncompliance) with the wording of the question. In some cases, there may be doubt as to whether the item actually applies to the specific facility being inspected. The Inspector must use discretion. Often, such Checklist items should be answered "N/A" (Not Applicable), and the special circumstances should be noted in the Inspector's Report.

Inspectors may consult the Chair of the NAME Inspection, and Accreditation Committee for advice and guidance by telephone or email. Formal questions about checklists may be forwarded by the Inspector and/or the applicant office to the Chair of the NAME Inspection and Accreditation Committee with a copy to the NAME office.

3. Inspector Training Workshops and Inspector Certification

The NAME Inspection and Accreditation Committee will conduct Inspectors Training Workshops at Annual NAME Meetings and otherwise as necessary. Successful completion of a workshop and performing a ride along with a certified inspector shall qualify ("certify") an individual to serve as a NAME Certified inspector for accreditation purposes. Staff from accredited offices and systems, as well as those seeking or considering accreditation, are strongly urged to participate in such workshops and/or programs.

4. Secondary Inspectors

Larger offices may require sending more than one inspector in order to efficiently complete the inspection. The secondary inspector(s) will also be a Certified NAME Inspector as defined above. In addition, Investigator Affiliate or Administrative Affiliate members of the Association may be utilized as secondary inspectors in offices containing a large investigative or administrative unit. The decision to utilize secondary inspectors will be made by the Chair of the I&A Committee after consultation with the primary inspector and the office requesting inspection.

5. Ride along inspectors

Fellows and Affiliates in the Association will be required to ride along with a certified inspector on a NAME inspection prior to being qualified to become a Certified Inspector as defined above with the understanding that at least 2 inspections are required in the 4-year period after certification. Expenses for travel and lodging for ride along inspectors will be borne by NAME.

E. Accreditation Standards Setting

1. Adoption of the NAME Program

NAME has attempted previous accreditation programs. The current program evolved from this prior experience and test trial inspections, and it was vetted through several rounds of amendment and approval by the NAME Board of Directors and the general membership prior to adoption.

2. Periodic Accreditation Standards Review

The NAME Inspection and Accreditation Committee shall annually review the existing Inspection Checklist, the Inspection and Accreditation Policies and Procedures Manual, and the Forensic Autopsy Performance Standards.

Responses to Inspection Checklists and surveys will be compiled in computerized files and used to justify or amend Inspection Checklist standards and for other legitimate purposes of NAME. Commentaries and recommendations will also be archived for consideration of improving the accreditation standards and procedures.

Each member of the NAME Inspection and Accreditation Committee, at the beginning of each new term of the Committee, shall download and review from the NAME website:

- The NAME Inspection and Accreditation Policies and Procedures Manual
- The Inspection Checklist
- The Autopsy Practice Standards

3. Amendments

The Chair of the NAME Inspection and Accreditation Committee, after consultation with the members of the NAME Inspection and Accreditation Committee, may recommend to the NAME Board of Directors amendments to the NAME Inspection Checklist and NAME Inspection and Accreditation Policies and Procedures Manual for adoption.

General members, Board of Directors members, and executive staff may also propose amendments for consideration to the NAME Inspection and Accreditation Committee or the NAME Board of Directors.

Proposed amendments may be sent to each member of the Board via email; such amendments will be discussed by the BOD via email and will be adopted or rejected via a simple majority after an email vote. If a proposed amendment fails, or a majority of total BOD members cannot be obtained, such proposals may be presented again and discussed at the next Board meeting (either virtual or in-person).

As an alternative, the NAME Board of Directors may adopt the amendments to the Inspection and Accreditation Program by simple majority vote at a scheduled virtual or in-person meeting.

Amendments to the Forensic Autopsy Performance Standards require a simple majority vote of the membership at the annual business meeting.

4. Sunset of Inspection Checklist

The effective period of the NAME Inspection Checklist will be five (5) years. The date of issuance and expiration of the Inspection Checklist will be published. The NAME Inspection and Accreditation Committee or other designated committee must review the Checklist and bring to the NAME Board of Directors a recommendation to reissue the current Inspection Checklist or a substitute document before the expiration date. The Committee will review the Inspection and Accreditation Commentary file during its review process.

F. Fees

Effective January 1, 2017, the following Inspection and Accreditation Fee Structure will be: Offices under 2 million in population will pay \$3,500 the first year and \$1000/year for the next three (3) years. Offices serving over 2 million in population will pay \$7,000 the first year and \$2000/year for the next three (3) years. Offices that were inspected and accredited prior to January 1, 2017 and serve

under 2 million in population will pay \$3,500 the first year and \$1000/year for the next four (4) years. Offices that were inspected and accredited prior to January 1, 2017 and serve over 2 million in population will pay \$7,000 the first year and \$2000/year for the next four (4) years. Individual offices within a larger system will be inspected, invoiced and treated as individual offices.

The Inspection and Accreditation Fee Structure may be increased for offices outside the continental United States to allow business class airfare if the scheduled flight time, including stopovers and change of planes, is in excess of 14 hours. In such circumstances, business class air travel is permitted in accordance with Federal Travel Regulations.

Fees are subject to change and are set by the NAME Executive Committee.

G. Procedures

1. Pre-Inspection Preparation

NAME strongly recommends a substantial period of preparation for accreditation prior to application for NAME inspection. A copy of this Inspections and Accreditations Policies and Procedures Manual and a copy of the NAME Inspection Checklist should be obtained from the NAME web site for the purpose of preparation. The chief medical examiner (or equivalent in Coroner systems) should distribute the Inspection Checklist to the office staff. After a critical self-inspection, any deficiencies noted can be, and should be to the extent possible, corrected before application.

2. Pre-inspection Consultation

An office contemplating inspection or re-inspection may request a Pre-Inspection Consultation. The Chair of the NAME Inspection and Accreditation Committee may agree to appoint a Consultant Inspector to visit the requesting office to perform a pre-inspection consultation. This consultation may serve to identify potential obstacles to successful accreditation and to guide an office in its preparations to undergo inspection. A Pre-Inspection Consultation is not a substitute for the Self Inspection process required as part of application for formal inspection for accreditation purposes.

A fee shall be paid by the office to NAME for the pre-inspection consultation. The fee shall be the same as a formal initial NAME inspection for accreditation, which includes/covers the inspector expenses (inspector expenses are reimbursed to the inspector directly by NAME). Fees are established by the NAME Executive Committee.

Consultant/Inspector may not serve as the Inspector for that office's regular inspection. However, he/she may serve as the Inspector at a later time after at least one cycle of successful accreditation.

3. Application

Application for inspection is accomplished online as follows:

- 1) Log into the I&A System: <http://ina.orainc.com>
- 2) Click on "My Office" (top menu)
- 3) Review (or complete) both checklist and office survey (update as needed)
- 4) SAVE

- 5) Verify that you have completed the reviews by clicking the appropriate boxes (on “Status” page).
- 6) Click the “Submit to NAME” button.

4. Submission of Completed Application and Fee

Once the office has entered all information into the online system and submitted the application, the online system will be locked down for view by the office. At that point, only members of the I&A committee, the inspector, the designated inspection reviewer, the NAME Executive Director and Occupational Research and Assessment (ORA) staff will be able to view the document.

NAME will receive confirmation that the office has submitted complete Inspection and Accreditation materials and an invoice will be sent electronically. After payment of the invoice, an inspector will be assigned.

5. External Inspection (On-Site Inspection)

a) Appointment of an Inspector

The Chair of the NAME Inspection and Accreditation Committee will appoint an Inspector within six (6) weeks of notice of the receipt of the completed application materials and payment of the fee or will contact the applicant to explain the reason for the delay. The Inspector will be a board-certified forensic pathologist, preferably affiliated with an accredited system/office. The Inspector must be Certified as described above (section D.3). An applicant may not request that the inspector be a particular individual.

If the applicant or the appointed Inspector has any concern about potential conflict or any reservation about the appropriateness of the inspector appointment, these should be communicated directly to the Chair of the NAME Inspection and Accreditation Committee as early as possible in the inspection process to allow appointment of a different inspector. If the Inspector is not satisfactory to the Applicant before an inspection, another shall be appointed. An Applicant will not be permitted more than two recusals of the appointed Inspector.

After appointment of an Inspector, the date of the inspection will be set after coordination by the Inspector and the Applicant. The Inspector shall inform the Chair of the NAME Inspection and Accreditation Committee and the Executive Director of NAME of the agreed upon date of inspection.

Any problems encountered in scheduling inspections should be brought to the attention of the NAME staff who will inform the Chair of the NAME Inspection and Accreditation Committee.

Once an inspection date has been established, an office/system may be granted a delay in inspection if a compelling reason exists. However, if the delay results in the Applicant’s accreditation period ending prior to on-site inspection, the office or system will not be considered accredited after the end date of the current accreditation period.

b) Local arrangements

After the date of the external inspection has been set, the Inspector shall make travel and lodging arrangements in compliance with the current NAME travel policy. The Inspector may contact the Applicant for suggestions regarding lodging and ground transportation.

c) Inspection

The Inspector will conduct an on-site inspection on the date(s) set by NAME. The inspection will be conducted as expeditiously as possible but will take as long as necessary to complete to the satisfaction of the Inspector. All offices, systems, and facilities differ; therefore, it is impossible to provide a rigid blueprint for an inspection. Most on-site inspections require one or two days.

The Inspection Checklist provides the framework and detail for the inspection as well as criteria by which an office or system is assessed. The Inspector should be thoroughly familiar with the contents of the Inspection Checklist.

The Inspector should arrive to begin the inspection process at the designated time. Generally, the inspection will begin with a brief introduction to the chief medical examiner and his or her staff. The office may wish to begin with a brief introductory overview of the operation. An initial walk-through of the entire facility is recommended to afford the Inspector an opportunity to become familiar with facility operations and key personnel.

The Applicant must provide an office or private area in which the Inspector can work.

The Inspector will systematically examine in detail each question on the Inspection Checklist with the chief medical examiner (or equivalent position/title) or his/her representative. The chief medical examiner (or equivalent) must be available to respond to questions of the Inspector.

The Inspector will request appropriate documentation and other tangible evidence of compliance and the office or system is expected to provide it. The Inspector may request that some materials be provided by the office beforehand to facilitate and expedite the inspection. Policies for an office or system may be adopted from a higher authority or source (e.g. county personnel policy, state law), but offices must have copies available to demonstrate documentation of compliance with NAME accreditation standards.

The Applicant must respond, in some fashion, to all requests for demonstration of compliance. Noncompliance with NAME accreditation standards will be assumed in the absence of documentation or demonstration of compliance.

The Inspector may request time alone to more thoroughly review any policy manuals or documents. The Inspector may request individual interviews with various staff members. The Inspector should set aside time to confer privately with the Chief Medical Examiner (or equivalent) to discuss areas not otherwise adequately addressed, any difficulties, and the overall inspection.

It is the Inspector's responsibility to ensure that the Inspector's Report and the Inspection Checklist are completed appropriately. The name of the Inspector and the inspection date must be recorded in the online system. A response must be checked for each question: yes "Y", no "N", or not applicable "N/A". Only one response may be checked for any question, and no question may be left unanswered. Only

checked responses will appear on the Deficiency Commentary. Comments may be made in the comment box. Comments must be made for all "N" or "N/A" responses. The Inspector may note in his or her report that he or she has marked a specific question "yes" with certain assumptions or reservations. Any pertinent comments that should be reviewed by the NAME Inspection and Accreditation Committee must be included in the Inspector's Report, not on the checklist.

Online versions of the checklist and inspection report may be used by the inspector in lieu of hard copies (such as using a notebook or iPad with wireless access to the online system). If hard copies are used during the inspection, the information must then be transferred to the online system for submission.

Deficiencies should be presented factually with recommendations for improvement. A negative, unduly critical, or punitive attitude is offensive and defeats the purpose of the program. It should be recognized that the medical examiner is the Inspector's peer. Deficiencies cited are sometimes challenged on the basis of a difference in interpretation. Such dialogue is healthy and is one of the strengths of the program. The medical examiner may be reminded that he or she will have the opportunity to respond in writing to a disputed finding, and that NAME will adjudicate the challenge.

During an inspection, the Chief Medical Examiner (or equivalent) or his/her representative has the opportunity to fully express his/her views and may attempt to persuade the Inspector that a question may be properly marked "Yes" or "N/A" rather than a "No", a deficiency. The Inspector must exercise good and fair judgment in the discharge of his/her duties. An Inspector is free to comment on any opinion in the Inspection Report.

In some cases, it may be possible for the office or system to correct deficiencies before the on-site inspection ends. Provided there is adequate documentation, this is acceptable and encouraged. Checklists should not be marked as deficiencies for such questions.

Aside from the summation conference, the inspection concludes with completion of the entire Inspection Checklist. The findings of the inspection should be reviewed with the chief medical examiner (or equivalent) and other appropriate staff.

d) Summation Conference

The Inspector will hold a summation conference at the conclusion of the inspection.

The summation conference is one of the most important components of the inspection and must not be curtailed. Even if necessary to extend the inspection an additional day, NAME recommends attendance of the entire professional medical examiner staff at this conference.

The conference should open with a short review of the objectives of the NAME Inspection and Accreditation Program. Although the Inspector may neither grant nor deny accreditation at this meeting, it is important to present ALL deficiencies that will be reported in the Inspection Report.

The Inspector shall list and discuss all Phase I or Phase II deficiencies with the Chief Medical Examiner (or equivalent). This allows the system/office to begin correcting deficiencies immediately. There should be no surprises in the final Inspection Report.

An essential part of peer review is education. The summation conference is an appropriate time for the Inspector to discuss suggestions for improvement of the facility or the operations.

Applicant questions about Inspection Checklist items, particularly differences in interpretation of specific Checklist items, should be discussed in the constructive forum atmosphere of the Summation Conference. The inspector should avoid confrontation. Unresolved questions and areas of disagreement will be documented in the Inspection Report. The Chair of the NAME Inspection and Accreditation Committee will review and resolve these issues, and the Applicant office will have an opportunity to provide a written response.

The Inspector will direct the Chief Medical Examiner (or equivalent) to fill out the online post-inspection questionnaire. Accreditation will not be conferred until this document is received by NAME. The questionnaire is an opportunity for the Applicant to comment on the inspection and the accreditation process, including the Inspection Checklist and the Inspector. The post-inspection questionnaire and any comments, suggestions, and criticisms will be filed in the Commentary File for consideration by the Committee on Inspection and Accreditation.

e) Meeting with Responsible Officials

Officials with oversight responsibility for the office or system should be present at the Summation Conference. The Inspector will make every effort to meet with and present findings to these officials if they are not present at the Summation Conference.

f) Inspection Report

The Inspector will submit a narrative Inspection Report online within thirty (30) calendar days after the inspection. This report will be generated in Microsoft Word and will be uploaded to the ORA system. The report is a summary of the inspection; the online checklist is not to be used as a substitute for this report.

The Report shall include the following elements:

- The name of the office/system.
- The name of the Chief Medical Examiner (or person[s] with equivalent status/title).
- The name of the Inspector.
- The date(s) of the inspection.
- A brief description of the office/system, to include type of system (or part of system) (city or county or district or state, medical examiner or coroner, autopsy service, satellite office, etc.), approximate population and land area served, major cities within the jurisdiction, and other general descriptors.
- The checklist version(s) used for the inspection.
- A statement as to the total number (or absence) of Phase I and total number (or absence) of Phase II deficiencies.
- A list of all Phase I deficiencies (if any), all Phase II deficiencies (if any) and all Not Applicable (N/A) items, each by the checklist item number and letter. Each listed checklist deficiency or "N/A" response is to be accompanied by a brief explanation.
- A statement(s) regarding any area of the office that the inspector feels is borderline with regard to meeting a standard at the time of the inspection or that is likely to not meet the standard in the near future (or by the time of the next on-site inspection).

- A statement(s) regarding any area of the office that the inspector feels is outstanding or especially noteworthy.
- A recommendation for full accreditation, provisional accreditation, or non-accreditation.
- The date the report is completed and the signature of the inspector.

The Inspector has discretion to offer a written opinion or description of any aspect of the office or system that he or she believes is pertinent to the content and conclusions of the Report. All applicable official comments must be made in the Inspection Report rather than handwritten on the Checklist itself. It is useful to indicate when an office or system is in partial compliance with regard to any particular checklist item receiving a “No” response.

Thoughts and comments that relate to the Accreditation Checklist itself should not be included in the Inspection Report but should be brought to the attention of the Inspection and Accreditation Committee by separate means.

If for any reason the Inspector believes that there is a fundamental disparity between the intent of the Accreditation Checklist and the function or role of the Applicant office or the role of the chief medical examiner or staff, this disparity should be recorded in the Inspection Report. The Inspector's comments are pivotal if denial or provisional accreditation is being considered. These comments may also be a basis for modifying the Inspection Checklist.

g) Inspection Review

Following the submission of the inspection checklist and report by the inspector, the online inspection materials will be made available to all members of the NAME Inspection and Accreditation Committee by the Executive Director or designated support staff. The Executive Director will update the committee on progress of inspections to ensure “transparency” of process and foster consistency with the reporting and the reviews.

ORA staff will ensure that the original inspection materials as entered by the office and the inspector are not modified after submission.

The Chair of the NAME Inspection and Accreditation Committee will then select one other member of the NAME Inspection and Accreditation Committee (selected by rotation through the roster of all members of the committee) who will officially review the Inspection Report and Checklist. The reviewer will be notified by the Executive Director of NAME using e-mail notification. Any member of the committee may make comments about the report and/or checklist to the Chair, the official member reviewer, or to the committee as a whole, but such comments are not required. These comments should be confined to the committee and are considered unofficial.

The Chair and/or the official reviewing committee member shall contact the inspector if there are any questions regarding the Inspection Report or Checklist, or the possible need for clarification of any aspect of the inspection.

The official review is to be completed within fifteen (15) working days of the filing of the Inspection Report, unless a protest (based on the information provided during the Summation Conference) has been filed by the office/system. The status and date will be noted in the official NAME files. If the

selected official reviewing committee member is unable to complete the official review within the allotted fifteen (15) working days, the Chair and/or the Executive Director of NAME will be notified immediately, and another official reviewing committee member will be selected.

Once the official committee reviewer is satisfied with the report and checklist (and any clarifications as needed), the member is to notify the Chair. If the reviewing committee member and the Chair both accept the Inspection Report and recommendation for accreditation status (full, provisional, or non-accreditation), the review shall be considered complete and accreditation status conferred based on the Inspector's recommendation.

If (and only if) the Chair and the official reviewing committee member do not agree on the appropriate accreditation status for the office/system under review, the matter shall go before the NAME Inspection and Accreditation Committee as soon as practical for discussion and vote. A simple majority vote will decide the accreditation status to be conferred.

Once the review process is complete, the NAME Executive Director will confirm that the post-inspection survey document has been completed by the inspected office. Once the post-inspection survey document has been received, a letter will be issued within 10 (ten) business days by the NAME Executive Director to the office/system. This letter will officially notify the office/system of its accreditation status (a congratulatory letter if full or provisional accreditation is conferred or a letter of official notice of non-accreditation). The letter will be accompanied by a copy of the official inspection report, transferred from the document issued by the inspector to official NAME letterhead. The final date of the onsite inspection marks the beginning of the accreditation or non-accreditation period for that office/system.

For offices/systems granted full accreditation status, an official NAME Accreditation Certificate is prepared, signed by NAME officials (see below), and delivered to the office/system as soon as practical.

6. Accreditation

a) Full Accreditation

Accreditation Certificates are issued to the office or system and signed by the NAME Inspector, the Chair of the NAME Inspection and Accreditation Committee, the Secretary-Treasurer, and the NAME President. The Certificate of Accreditation will include the date upon which the accreditation is conferred and the date of expiration.

Full accreditation is conferred if NAME determines that the office or system has no more than fifteen (15) Phase I deficiencies and no (0) Phase II deficiencies.

Full accreditation is conferred for a maximum period of four (4) years from the date of the Accreditation Certificate.

b) Provisional Accreditation

Provisional accreditation status can be conferred for a period of twelve (12) months if an office or system fails to achieve sufficiently few deficiencies for full accreditation and has no more than twenty-five (25) Phase I and no more than five (5) Phase II deficiencies.

Provisional accreditation may be extended for up to three (3) subsequent and sequential twelve (12) month periods, each upon separate written application prior to the end of each twelve (12) month period with proof to the satisfaction of the Chair of the NAME Inspection and Accreditation Committee that there have been and are ongoing efforts to address deficiencies that continue to foreclose full accreditation.

If an office/system holding provisional accreditation status does not make written application for extension of the provisional accreditation prior to the end of any twelve (12) month period (initial period or any period of extension), the accreditation will automatically lapse. The office/system will then be non-accredited and will have to reapply for Inspection and Accreditation. Such application may not be made for at least six (6) months from the time non-accredited status begins (end of the provisional status period).

Within five (5) business days, NAME will send a written Notice of Extension of Provisional Accreditation to the office or system of the approval of extension of provisional accreditation, and NAME will retain a copy. The provisional accreditation period for any twelve-month extension begins as of the date (day and month) of the issuance of the first (original) notice of conferment of provisional accreditation status following the on-site external inspection (first/original external inspection).

The office/applicant may request conversion to full accreditation status at any time. Such requests must be made in writing and are to be accompanied by written or photographic documentation that the necessary deficiencies have been corrected or addressed. This status conversion request package will then be sent to the Chair of the I&A Committee and to the original Inspector. The Inspector will discuss the request with, and make a recommendation to, the Chair to approve or deny conversion to full accreditation status.

NAME reserves the right to require an on-site follow-up inspection to verify the elimination/correction of deficiencies at the expense of the Applicant.

The Chair will then determine the accreditation status. The full Inspection and Accreditation Committee will be consulted if a difference of opinion as to appropriate accreditation status exists between the original Inspector and the I&A Chair.

If a decision is made to convert the office from Provisional to Full accreditation, a written report will be submitted by the original Inspector to the NAME office detailing the original inspection deficiencies, the means of correction, and the final remaining (if any) deficiencies. The report will conclude with a statement indicating that the office is to be advanced to Full Accreditation status. The NAME office will place the report on official NAME letterhead and forward the report, along with a congratulatory letter from the Chair to the office. A certificate of full accreditation will then be issued. The status of full accreditation granted in this manner shall be conferred for a period equal to, but not beyond, four (4) years from the original on-site external inspection (not four (4) years from the date that full accreditation is granted following a period of provisional status) if the office was inspected and accredited prior to January 1, 2017. The status of Full Accreditation granted in this manner shall be conferred for a period equal to, but not beyond, five (5) years from the original on-site external inspection (not five years from the date that full accreditation is granted following a period of provisional status) if the office was inspected and accredited after January 1, 2017. If full accreditation

is denied, the applicant will be immediately notified to permit further corrective actions before the expiration of the period of provisional accreditation.

The applicant may appeal the determination of status conversion by procedures described in Section III.

Provisional status may or may not be extended by the Chair of the NAME Inspection and Accreditation Committee during the resolution of the above actions.

c) Non-Accreditation

If the office or system is found to have more than twenty-five (25) Phase I deficiencies or more than five (5) Phase II deficiencies, NAME will not accredit the office or system.

The office or system will be non-accredited if the provisional period(s) has expired (no further provisional-period extensions granted) and the office or system has failed to reduce the deficiencies to fifteen (15) Phase I deficiencies and no (0) Phase II deficiencies during this time.

NAME will send a written Notice of Non-Accreditation to the office or system within five (5) business days of the determination of non-accreditation and retain a copy. Non-accreditation status will be considered to begin the date of the issuance of this Notice.

An office cannot reapply for accreditation for a period of six (6) months from the date a Notice of Non-Accreditation has been issued.

7. Maintenance of Accreditation

For offices/systems that hold full accreditation status, a 60-day reminder of annual renewal will be sent electronically. If no response is received, a certified letter will be sent 10 days prior to the deadline for renewal. The letter will contain language detailing the potential penalty for not meeting maintenance deadlines. The office must then complete the maintenance of accreditation form online and pay the maintenance fee. Failure to complete the online maintenance of accreditation or failure to pay the maintenance of accreditation fee prior to the date (month and day) of the original accreditation certificate shall result in loss of accreditation status (accreditation will automatically lapse).

Offices/systems holding provisional accreditation status must submit an electronic request to name@thename.org for extension of provisional accreditation prior to the end of the twelve (12) month provisional accreditation period. Failure to submit a written request for extension of provisional accreditation status or failure to pay the maintenance of accreditation fee shall result in loss of accreditation status (accreditation will automatically lapse).

Lapse of accreditation will result in the office/system having to pay the initial inspection fee as described above (section F).

8. Annual Review

For offices holding Full Accreditation, the online maintenance of accreditation document will require attestation of the lack of any major changes to the office since the inspection. A reviewer will be assigned (which may be the original inspector) who will review the online document and inform the

NAME office that either the annual review is acceptable or that there are discrepancies or concerns. If concerns are stated, they will be immediately referred to the Chair of the I&A committee for review and action. If no concerns are stated, the office will receive notification from the NAME Executive Director that the annual review was accepted.

For offices holding Provisional Accreditation, the online maintenance of accreditation document will also require attestation of the lack of any major changes to the office since the inspection. In addition, documentation of substantial progress toward remediation of the stated deficiencies must be received, either by narrative description or photographic evidence. A reviewer will be assigned (which may be the original inspector) who will review the online document and inform the NAME office that either the annual review is acceptable or that there are discrepancies or concerns. If concerns are stated, they will be immediately referred to the Chair of the I&A committee for review and action. An office failing to address deficiencies in a manner deemed acceptable will result in the recommendation to revoke the Provisional Accreditation. If no concerns are stated, the office will receive notification from the NAME Executive Director that the annual review was accepted.

The annual review is to be completed within fifteen (15) business days of the notification of the selected reviewer. If the assigned official reviewing committee member is unable to complete the annual review within the allotted fifteen (15) business days, he/she will immediately notify the Chair and/or the Executive Director of NAME and another reviewer will be assigned.

ORA staff will ensure that the online system maintains the original comments of the onsite inspector throughout the accreditation cycle, including all narrative reports.

9. Major Changes in Accredited Offices

The accredited office must notify the NAME Inspection and Accreditation Committee if, during an office's accreditation or provisional accreditation term, there occurs any substantial change in staffing, leadership, policy, facilities, resources, or any other change that would bring about one or more Phase II deficiencies for any significant, prolonged, or indefinite time.

If any member of the I&A committee is made aware of such a change which has not been reported, the matter will be immediately brought to the attention of the Chair of the I&A committee, who will communicate this to the committee as a whole.

In response, the Committee may suspend or revoke accreditation or may place the office in a "provisionally accredited" status until all deficiencies have been rectified. Such decision will be by a majority vote. NAME may, at the option of the Chair of the Inspection and Accreditation Committee, require an on-site re-inspection of the office before reinstating accreditation. The inspected office will be assessed an additional initial inspection fee as described above (section F).

10. Application for Renewal

Application for new inspection and renewal of accreditation must be made prior to expiration of the current accreditation period. If all application materials have been submitted and the inspection fee has been paid to NAME, the current accreditation status will continue until the end date of the period of current accreditation or the date of the external on-site inspection, whichever comes first.

If application for new inspection and renewal of accreditation has been made and either the date of expiration of the current accreditation period or the date of the external inspection has been reached, the accreditation status shall automatically change to “accredited, current inspection in progress” (to be listed as “inspection in progress” for practical purposes).

If the end date of the current period of accreditation is reached and application for new inspection/renewal of accreditation has not been made, the accreditation status of the system/office shall automatically change to “accreditation lapsed.” Reapplication must then be made as described above (section G.3) with payment of fees for a lapsed accreditation as described above (section F).

H. Appeals

Appeals to an inspector's and/or reviewer's findings may be lodged by written submission to NAME within ten (10) business days of the issuance of a Notice of Provisional Accreditation or Non-Accreditation. A copy of the written appeal will be immediately sent to the Chair of the NAME Inspection and Accreditation Committee. The Chair may bring the question to the Inspection and Accreditation Committee. The Chair may also consider conducting another onsite inspection. If resolution still cannot be achieved, the appeal may be brought to the NAME Board of Directors for a vote. In any event, resolution must be achieved within nine (9) months; otherwise unresolved issues will be settled in accordance with the findings of the Inspector.

The resolution must be reduced to a written Letter of Response to an Applicant's appeal sent to the Applicant within ten (10) business days of resolution.

An Applicant may challenge this response, but the subsequent NAME letter of response to this challenge will be considered final and dispositive of the issue. The applicant may reapply for inspection and accreditation.

I. Period of Accreditation

Accreditation is conferred for a maximum period of five (5) years per on-site inspection if the office was inspected and accredited prior to January 1, 2017 and for a maximum period of four (4) years per on-site inspection if the office was inspected and accredited after January 1, 2017. The accreditation period may be curtailed if a significant change in the program occurs, the certificate is not maintained, or a fee is not paid.

J. Miscellaneous

1. Records Administration

All Inspection and Accreditation materials will be archived for a period of at least six (6) years. Data from survey instruments and Accreditation Checklists will be entered into a computerized data system. NAME shall maintain a current roster of accredited offices and systems.

2. Computerization of Checklist and Survey Data

The Accreditation Checklist and Demographic Survey data will be entered into a computer and compiled annually and as needed. The compiled statistical data will be provided to the Chair and to every

member of each newly assembled NAME Inspection and Accreditation Committee. NAME may publicize the compiled statistics.

3. **Commentary File**

A file will be kept at the NAME office of all commentary, complaints, and recommendations made regarding the Accreditation Checklist and the inspection process. These files will include the returned post-inspection questionnaires. Copies of such information received will be forwarded to the Chair of the NAME Inspection and Accreditation Committee upon appointment.

4. **Annual Reports**

The Chair of the NAME Inspection and Accreditation Committee will report to the NAME Board of Directors at each annual meeting. The report shall include the name of each Applicant, the status of each accreditation action, and a roster of currently accredited offices and systems.

5. **Publication of Accredited Offices and Systems**

The roster of currently accredited (full and provisional status) offices and systems will be made public (including, but not limited to, being posted on the NAME website).

K. Available Information

All inquiries should be directed to:

The National Association of Medical Examiners
Attn: Inspection & Accreditation
15444 Chinnereth Est
Savannah, MO 64485
Off: (660) 734-1891
FAX: (888) 370-4839
name@thename.org

Materials available from the NAME Website www.thename.org include:

- NAME By-Laws
- NAME Membership directory
- Roster of positions and appointments
- NAME Inspection Checklist
- NAME Inspection and Accreditation Fee Schedule
- NAME Forensic Autopsy Performance Standards
- NAME Inspection and Accreditation Policies and Procedures Manual

Specific inquiries on inspection and accreditation can be made of the current Chair of the NAME Inspection and Accreditation Committee.

Accredited offices/systems and Applicants may receive copies of their inspection and accreditation materials (copies of official inspection checklist and inspector's report) for their review from the ORA

website at any time following, but not before, completion of the formal review by the NAME Inspection and Accreditation Committee. Hard copies will be printed by the Executive Director of NAME and will remain on file in the NAME office.

L. Schema of I&A Process

Who?	What?	How?	To where?	When?
Applicant	Request	Electronic or mail	NAME	-----
NAME	Send application packet	Electronic or mail	Applicant	10 days
Applicant	Self-inspection	Hard copy or electronic	-----	-----
Applicant	Complete application Send forms and fee	Electronic or mail	NAME	-----
NAME	Check completeness Notify Chair	e-mail or phone	Chair	5 days
Chair	Appoint inspector	e-mail or phone	Applicant Inspector NAME	6 weeks
NAME	Coordinate date	e-mail or phone	Inspector Applicant	-----
NAME	Notice of Inspection	e-mail or phone	Applicant Inspector Chair	5 days
Applicant	Local arrangements	e-mail or phone	Inspector Local accommodations NAME	5 days
Inspector	Conduct inspection Summation conference Meet with officials File inspection report	Electronic or mail	NAME	30 days
Applicant	Questionnaire	Electronic or mail	NAME	-----
NAME	Distribute report	Electronic or mail	Applicant Chair	5 days
Chair Member reviewer	Complete inspection review and approve accreditation	e-mail or phone	NAME	15 days
NAME	Issue certificate	Carrier	Inspector Chair President Secretary-Treasurer NAME Applicant	30 days

Applicant	Request for Maintenance of Accreditation or Extension of Provisional Accreditation Status	Written, by mail	NAME	Annual
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XII. NAME AUDITS

A. Purpose

Official NAME audits differ from Accreditation Inspections. The purpose of NAME audits is not to assess compliance of the minimal standards of the Inspection and Accreditation program, but rather to more globally evaluate an office using a systems approach in order to apply the wisdom of NAME leadership to correct problems or give advice for improvement.

B. Initiation

Offices may request NAME to conduct an audit of their office or their system. A written letter of request should be directed to the NAME Executive Director.

C. Types of Audits

In addition to the usual full audit, an Emergency Audit or a Special Audit may be requested but require approval of the NAME President and will require individual negotiation on a case-by-case basis.

D. Audit Team

Official NAME audits will be conducted by a team of at least three (3) NAME Fellows. A NAME Audit Team Leader will be designated. Consideration should also be given to including an administrator, a medicolegal death investigator, a toxicologist, and other specialists depending upon the functional areas of the office. The jurisdiction being audited may request that specific individuals either be included or excluded, but they may not designate an entire team; the final composition must be approved by the NAME President.

E. Fees

The charge for the Audit will vary by size of the team and the number of days of visitation (minimum of two days) at a rate of \$2,000/person/day.

F. Review Process

The Audit team is expected to review policies and procedures of the office, fiscal and resource documents, planning documents, and other documents of interest. The Audit team will inspect facilities

and interview staff as well as stakeholders. A self-inspection checklist, office description, and other forms may be required of the office prior to visitation by the Audit team.

G. Scope of Review

The Audit team will investigate specific issues of the jurisdiction which are brought to its attention as well as the following systemic issues which will be investigated in the case of all audits:

- [Background]
- Statutory and regulatory authority
- Office organization
- Personnel and staffing
- Facilities and equipment
- Office administration, including policies and procedures
- Office support, including fiscal, resourcing, and political support
- Ability to become NAME accredited
- Areas for improvement and optimal practices
- Critical issues
- Recommendations

H. Report

A formal Audit Report will be generated within four months and submitted to the office funding the audit, the Chief Medical Examiner or the Coroner, and the head autopsy physician in the case of a Coroner's office. The reports will not be further distributed or made public without prior approval. Submission of the report may be made contingent on receipt of payment during initial negotiations.

I. Follow-Up Meetings

The jurisdiction being audited may request that the NAME Audit Team Leader, or designee, return to brief audiences or give presentations at a rate of \$2,000/day subject to consent of the Team Leader.

J. Appeals

The jurisdiction being audited may request reconsideration of any component of the final report. It shall be understood that the jurisdiction cannot dictate the content of the revision and that NAME will retain independence of judgment. NAME is under no obligation to render a revised report, even after reconsidered deliberation. The request will be subject to negotiation with the Chair of the NAME Inspections and Accreditation Committee and subsequent approval by the NAME President. The scope and fee shall be subject to the negotiation. A follow-up visit may be required.

XIII. NAME FORENSIC AUTOPSY PERFORMANCE STANDARDS

A motion was made and passed by simple majority at the Membership Meeting in 10/2005 as follows:

- That the National Association of Medical Examiners adopt the Forensic Autopsy Performance Standards.
- That these Standards will remain in effect until the fifth annual meeting following adoption.
- That thereafter the entire set of Standards will require re-approval by the membership every five years.
- That these Standards are to be amendable.
- That any amendments (other than minor changes to correct grammar, punctuation, spelling, or other self-evident inconsistencies) must be made at an annual meeting by a majority vote of those in attendance.
- That any proposed amendments to be voted upon shall be sent in a timely fashion to the Secretary-Treasurer for distribution to the membership at least 2 months or 60 days prior to the annual meeting at which they will be voted upon.
- All suggested changes to standards are to be submitted to the SIA-Standards Committee who will perform a screening process and then submit all suggested changes along with the committee's recommendations on each suggested change to the BOD. The BOD will then consider all suggested changes and the recommendations of the Standards Committee and make recommendations on each proposed change to be presented to the general membership at the general business meeting. The suggested changes and the recommendations of the Standards Committee and the BOD will be distributed to the members in advance of the meeting according to the timetable above.

XIV. ETHICS COMMITTEE RULES AND PROCEDURES

A. Composition

The composition of the Ethics Committee is determined by the President in accordance with the By-Laws of the Association. The Committee shall formulate its internal rules and procedures subject to the approval of the Board of Directors. For the purposes of these rules and procedures, the term "member" of the association shall be construed to include all membership categories, including fellow, member, or affiliate.

1. Quorum

A quorum for voting purposes shall be at least 50% of the members of the committee. The action of a quorum majority present at or participating in any meeting of the Committee shall constitute the act of the Committee except where a greater number is expressly set forth in these procedures.

B. Investigations

1. Initial Consideration of Allegation

Upon receipt of an allegation or any information concerning unethical conduct on the part of a member, the Chair of the Ethics Committee shall assign a sequential number by calendar year to the matter. Relevant information shall be recorded in a log developed for that purpose. If, in the opinion of the Ethics Committee, the matter requires further investigation, the Chair shall open a case file on it. The Chair shall record the status of the matter in the log utilizing the following terms:

Preliminary: An Ethics Committee number is assigned and the initial process is undertaken to determine whether or not the Committee has jurisdiction and, if so, whether there is probable cause to believe the allegation is well-founded.

Dismissed: Following its review of the allegation, the Committee determined either that it lacked jurisdiction or that there was no probable cause that the allegation was well-founded.

Under Investigation: A case file has been opened and the formal investigative process required by the Code of Ethics and described in these Rules and Procedures is being conducted by the Ethics Committee.

Unfounded – No Hearing: A formal investigation by the Ethics Committee has determined that the allegation is not well-founded, a hearing is not warranted, and the case file has been closed.

Hearing Pending: The Ethics Committee has determined that a hearing is necessary, and it is yet to be held.

Unfounded –With Hearing: A formal investigation by the Ethics Committee, including a hearing, has determined that the allegation is not well-founded, and the case file has been closed.

Founded: A formal investigation by the Ethics Committee, culminating in a hearing, has determined that the allegation is well-founded, and the Committee’s verdict and recommendations have been provided to the Board.

Under Appeal: An appeal has been filed and is pending review by the membership.

Finalized: A formal investigation by the Ethics Committee has been completed. All recommendations of the Committee, all relevant actions by the Board of Directors with respect to sanctions, and the results of any appeal have been fully documented, and the case file is closed.

2. Confidentiality

After an allegation, or any information concerning unethical conduct on the part of a member, is received, the matter shall be treated as confidential. All correspondence between members of the Committee, the subject of the complaint, and the complainant(s) shall refer to the case by Ethics Committee file number only.

3. Investigation

The Ethics Committee shall conduct a preliminary investigation to determine if it has jurisdiction and if there is probable cause to believe that the allegation is well-founded. If it is determined that an allegation does not fall within the jurisdiction of the Committee or that probable cause does not exist, the Chair shall notify the complainant that the file will be closed unless additional information is received within thirty days. If nothing further is received, the file will be closed, and the subject of the complaint will be notified of the allegation and the decision to close the file. The Committee shall issue a report of its determination to the Executive Committee setting forth the basic facts and stating the reasons for its decision to close the file but omitting the names of the subject of the complaint and the complainant(s).

The Ethics Committee shall proceed with a formal investigation if a majority of the Committee members determine that probable cause exists to believe that the allegation is well-founded, and such matter falls within the jurisdiction of the Committee. Committee members shall confirm their opinion to the Chair in writing, by e-mail or by fax, or verbally in the course of a scheduled or called meeting of the committee.

If the Committee decides to proceed with a formal investigation, the subject of the complaint and complainant shall each be notified and provided with copies of the allegation and the N.A.M.E. Ethics Committee Procedures. The subject of the complaint shall be required to respond within thirty days of the mailing of the notice by certified mail (return receipt requested) to the address on record with the Association. Failure to respond may be taken as an acknowledgement of the facts as stated in the allegation. The subject of the complaint shall be given the fullest opportunity for access to relevant information, an opportunity to respond to the allegation, to present evidence, and to be represented by counsel.

4. Jurisdiction

Should a member against whom an allegation has been made cease to be a member for any reason (e.g., resignation or failure to pay dues) after an allegation has been received and before the case has been finalized, the Association ceases to have jurisdiction over the matter. The Executive Director of the Association shall be directed to notate the former member's membership file to reflect that the membership or affiliation ended while an ethics matter was pending.

5. Appointment of Investigators, Presenters, and Others

The Ethics Committee may appoint an Association member or members to investigate and/or present the case to the Committee. It shall define the mandate and duties of the member or members so appointed. Such member or members so appointed (including both investigators and presenters) shall recuse themselves from serving on the hearing panel or voting on the finding of any violations by the subject of the complaint under Article X of the By-Laws. The Ethics Committee may also seek advice from consultants and be represented by legal counsel.

6. Disclosure of Investigation

Matters of ethics before the Ethics Committee and the Board of Directors are to remain confidential. Except as may be required by law, no person who has received information as part of the formal Code of Ethics administration process shall reveal such information to anyone who does not have a need to know. Another exception to the requirement for confidentiality is the dissemination of information about the case as required for an appeal to the membership of the Association. Following finalization of a case, relevant educational material derived from it may be prepared by the Ethics Committee for distribution to the Association membership.

7. Ethics Committee Communications

The Ethics Committee has the authority to communicate by written correspondence, by telephone, by fax, by e-mail, or other electronic means providing that communications protect confidentiality of the matters involved.

C. Hearings

1. Location of Hearing

If the Ethics Committee decides that a hearing is necessary, the hearing shall be held at a time and location determined by the Chair of the Committee. If timely disposition of a case permits, the hearing shall be held at the time and site of the Annual or Interim Meeting of the Association. The subject of the complaint may request the Committee, by written request directed to the Chair of the Committee, to convene a hearing, but the Committee shall be under no obligation to hold such a hearing if, in the reasonable opinion of the Committee, the matter may be disposed of through written submissions. In the event a hearing is held, the subject of the complaint may elect to attend such hearing by telephonic or video conference, as may members of the Committee.

2. Persons Present

Ethics hearings shall not be open to non-authorized members of the Association or to the public. The only persons who may be admitted to the hearing in addition to the members of the Ethics Committee are the Association Member(s) appointed to investigate and/or present the case, the Association attorney, a certified court reporter, Association staff the Chair deems necessary, the subject of the complaint and counsel, and persons called by the Committee to give testimony. Witnesses shall be present only during the time they are presenting their testimony unless the Chair gives permission for them to be present at other times.

3. Notice of Hearing

A letter notifying the subject of the complaint of the hearing date shall be sent by certified mail (return receipt requested) not less than sixty days prior to the hearing date. Absence from the hearing by the subject of the complaint and/or his/her counsel shall not preclude the hearing from proceeding.

4. Composition of Panel

The hearing panel shall consist of not fewer than three members of the Ethics Committee. The Chair of the Ethics Committee or another member of the Committee designated by the Chair shall preside over the hearing.

5. Persons Giving Evidence

Persons giving evidence shall do so either under oath or affirmation.

6. Recording of Proceedings

Ethics Committee hearings shall be recorded by a certified court reporter at Association expense. If the subject of the complaint desires a transcript, he/she must order it directly from the court reporter at his/her expense.

7. Decision

Decisions of the Committee finding a violation of Article X of the Bylaws shall be based on a finding of clear and convincing evidence by a majority of the Committee (less all members recusing themselves).

Committee members not in attendance at the hearing may vote based upon review of the written record of the hearing, including all evidence and documents made a part thereof.

8. Written Report to the Board

The written report to the Board of Directors shall be forwarded to the President of the Association within ninety days of the completion of a hearing. If the Committee finds unethical conduct, the report shall include the reasons for its finding, the Committee's numerical vote results, and any recommendations for further action by the Board. Dissenting opinions, if any, shall be included in the Committee report.

9. Appeal Process

The appeal process is described in the NAME Bylaws, Article X, Section 5(I).

D. General

1. Expenses

Reasonable expenses incurred in connection with any investigation or hearing by members of the Ethics Committee, the members(s) appointed to investigate and/or present the case, and any consultants, including legal counsel, appointed to advise the Committee shall be paid by the Association in accordance with Association policy. If the hearing is conducted during the Association Annual Meeting, participants shall be reimbursed for expenses only above those normally incurred for attendance at the Meeting. All other hearing participants shall be responsible for their own expenses related to attendance at the hearing.

2. Case Files

The files of the Ethics Committee on open cases shall be securely maintained by the Chair who shall transfer them to the new Chair upon leaving office. Files on finalized cases shall be sealed by the Chair and transferred to the Association office where they shall be stored in secure space designated for this purpose. Access to these files shall be available only to the Chair of the Ethics Committee or to a person with authorized access in writing by the Chair or by the Board of Directors. Other members of the Committee shall destroy their file copies after a case is finalized. Files shall be retained for a period prescribed by the NAME Document Retention Policy.

3. Report to the Board of Directors

The Ethics Committee shall present a brief report to the Board of Directors at each Annual and Interim Meeting.

XV. FORMS

The following forms are to be used as applicable for NAME activities.

National Association of Medical Examiners

15444 Chinnereth Est, Savannah, MO 64485
 (660) 734-1891 Fax: (888) 370-4839

Claim for Reimbursement

Approved _____ Date _____

Please type or print

Name _____ Street Address _____

Institution _____ City, State, ZIP _____

Reason for travel _____
Please be specific; e.g., list committee name

Date(s) of travel _____ Destination _____

Expenses

Date	Sun.	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Total
Air Transportation (coach class) Receipts Needed								
Ground Transportation Taxi, trains, bus, parking Receipts Needed								
Personal Car (Cents/Mile) Current Federal Gov Rate								
Hotel (single room rate) Receipts Needed								
Meals Current Federal Rate (NO Receipts Needed)								
Registration								
Miscellaneous / Tips								
<u>Total Expenses</u>								

Less adjustments for Pre-Paid Expenses / Travel Advance \$ _____

Net amount of reimbursement \$ _____

I hereby certify that the above expenses were incurred by me while on office business for the National Association of Medical Examiners and that reimbursement is due me:

 Traveler's Signature

 Date

National Association of Medical Examiners - Conflict of Interest Disclosure Statement and Policy Agreement

By completing and signing this document, I attest that I have read NAME's Conflict of Interest Policy and agree to respect the confidentiality of sensitive information deemed as such by NAME bylaws and disclose any outside interests that may appear to bias any discussions or actions I may participate in associated with NAME business.

I do not, nor have any immediate family members, nor business partner, have a material financial interest greater than \$10,000 or 1% equity in any commercial entity that is likely to be impacted by a decision of a committee or board upon which I serve. I have also not received greater than \$1000 or more in the last 12 months from any such commercial entity.

Exceptions to this statement are:

I do not, nor do I have any immediate family member, nor business partner, that expects to serve within the next 12 months as an officer, director, chair, or consultant, nor has served as such in the last 12 months, with any commercial entity that is likely to be impacted by a decision of a committee or board upon which I serve.

Exceptions to this statement are:

I do not, nor do I expect to hold within the next twelve (12) months, any elected or appointed position in other medical/professional organizations, government bodies (local, state, national or international), or non-profit groups.

Exceptions to this statement are:

If a matter arises in which I have, or may have, a perceived conflict of interest, I will disclose this conflict when the matter arises. I may be asked by the Chair to abstain from voting on the matter. I understand that omissions or a violation of this Policy shall result in referral of the matter to the Ethics Committee for review.

I also attest to the fact that I have read and am familiar with the NAME Policy Manual, and I agree to abide by all NAME Policies, specifically including, but not limited to, the policy on travel reimbursement.

Printed Name: _____

Signature: _____ Date: _____

Return this completed form and email to name@thename.org:

Or mail to:

National Association of Medical Examiners

ATTN: Denise McNally

15444 Chinnereth Est

Savannah, MO 64485

NAME TRAVEL APPROVAL FORM

THIS FORM MUST BE COMPLETED AND APPROVED PRIOR TO TRAVEL

Name: _____.

Name of Conference/Event: _____.

Trip Start Date: _____ **Trip End Date:** _____.
(mm/dd/yyyy) (mm/dd/yyyy)

Conference Start Date: _____ **Conference End Date:** _____.
(mm/dd/yyyy) (mm/dd/yyyy)

Origination: _____.

Destination: _____.

Hotel Name (include copy of hotel confirmation with charges): _____.

Number of Nights: _____ **Cost Per Night (Include tax):** _____.

Registration Fee: _____.

Airfare (include copy of travel web site/agent estimate): _____.

Food (number of days): _____ **x Per Diem(Federal Gov Daily Rate):** _____ = _____.

Taxi: _____.

Mileage: (number of miles): _____ **x Current Federal Gov Rate\$** _____ = _____.

Miscellaneous Expense (Describe): _____.

Total Amount: _____.

Circle the appropriate category:

Member	Affiliate	Resident	Emeritus	Employee		
Consultant	Advisor	Collaborator	Contractor	Invited Lecturer		Guest

Approved _____ **Not Approved** _____ **Date** _____

XVI. ADOPTION

This National Association of Medical Examiner's Policy Manual was adopted by resolution approved by its Board of Directors on the 6th day of August 2011. Revisions are approved by the Executive Committee as noted on the title page.

A handwritten signature in black ink that reads "J. Scott Denton MD". The signature is written in a cursive style.

Scott Denton, MD, Secretary-Treasurer