



## National Forensic Academy™ Admission Application

Complete the following application and email to:

tim.schade@tennessee.edu

**UT National Forensic Academy**

Attention: **Tim Schade**

1201 Oak Ridge Turnpike, Suite 101

Oak Ridge, TN 37830

Phone: (865) 946-3234

List your education, including training programs, in crime scene investigation or forensic science you have completed in the past three years. Include the name of the training program, the organization/sponsor, number of hours attended, and certification earned. You may also attach a current resume.

Are you currently employed by a law enforcement agency?

Yes  No  Spring 20\_\_

Application for NFA session in:

Fall 20\_\_

Winter 20\_\_

Title: \_\_\_\_\_

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

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

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

Birth Date: \_\_\_\_\_

Agency/Department Name: \_\_\_\_\_

Agency/Department Address: \_\_\_\_\_

Work Phone: ( \_\_\_\_ ) \_\_\_\_\_

Work Fax: ( \_\_\_\_ ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home City: \_\_\_\_\_

Home State: \_\_\_\_\_

Cell Phone: ( \_\_\_\_ ) \_\_\_\_\_

Length of service in current position: \_\_\_\_\_

Length of service in law enforcement: \_\_\_\_\_

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Supervisor's Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_

Reference Name and Title (preferably NFA graduate or instructor): \_\_\_\_\_

Reference Phone: ( \_\_\_\_ ) \_\_\_\_\_

With each application, the applicant must attach a letter of recommendation from the chief, sheriff, or agency director that:

- Demonstrates the agency's need for this type of training.
- Gives a brief description of the applicant's current job responsibilities.
- Explains how having an NFA graduate could benefit the department.
- Shares other comments about the applicant.

For Titles VI and IX compliance, we ask for voluntary disclosure of the following information:

Gender:  Male  Female

Race:  Caucasian  African American

Other (please specify): \_\_\_\_\_