



# CORONER/MEDICAL EXAMINER - NOTICE OF HIRE/SEPARATION

This form must be submitted to the WSCJTC C/ME Program Manager within 15 days of hire, appointment, or separation. It must be signed by the direct supervisor, agency head, or designee of the agency.

Please submit completed form to [cme@cjtc.wa.gov](mailto:cme@cjtc.wa.gov)

## Section 1: Personnel Information

Full Name (Last, First M.I.):		Date of Birth:	Status:
			<input type="checkbox"/> Hire <input type="checkbox"/> Separation
Agency (Do not abbreviate):	Position Category:	Hire/Separation Date:	
	Choose an item.		
Employment:	Agency Assigned Email Address:		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (any hours less than full-time)			
Separation Reason:			

## Section 2: Conditions of Employment and Requirements of Training

[RCW 43.101.480](#) requires that all coroners, medical examiners, and other full-time medicolegal investigative personnel employed by a county's coroner's or medical examiner's office must complete medicolegal forensic investigation training within **12 months** of being elected, appointed, or employed, unless otherwise exempted.

All part-time medicolegal investigative personnel employed by a county coroner's or medical examiner's office must successfully complete medicolegal forensic investigation training within **18 months** of being employed, unless otherwise exempted.

Certification is a condition of continued employment. A county in which a coroner, medical examiner, or other medicolegal investigative employee who has not received certification or has not otherwise been exempted, may have its reimbursement reduced under [RCW 68.50.104](#).

Recertification is required every 3 years per WAC 139-27. All coroners, medical examiners, and medicolegal investigative personnel must complete 30 hours of continuing education and submit a recertification application.

The commission is required to track certification compliance.

## Section 3: This section must be signed by the direct supervisor, agency head, or designee.

Name:	Title:		
Signature:	Have you created an Acadis profile for new hire?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will Complete By (Date):	

## Section 4: CJTC to Complete

	New Hire – Confirm new hire has an Acadis profile.	
	Separation – Confirm separated employee has been removed from agency in Acadis.	