https://w3dev8.nist.gov/form/osac-application-form



No emails will be sent.

## **OSAC Application Form**

Required\* Indicates required field

Thank you for your interest in the OSAC!

Please complete and submit the application form below to be eligible and considered for future OSAC membership and affiliate positions and as a Scientific and Technical Review Panel (STRP) member. Applications will be used by the OSAC Program Office, Forensic Science Standards Board (FSSB), Scientific Area Committees (SACs), Subcommittees, Task Groups, and Interdisciplinary Committees to make future selections. Applications will be kept on file for three years and the application pool will be purged on a rolling basis each year on October 1.

OMB Control Number: 0693-0070 Expiration Date: 04/30/2021

## **Membership Application**

| First Name Required*                   |  |
|--|--|
| Last Name Required*                    |  |
| Email Required*                        |  |
| Title (optional)                       |  |
| Affiliation (i.e., employer) Required* |  |
|  |  |
| _ Education                            |  |
| Check all that apply.                  |  |
| □ BS/BA                                |  |
| □ MS/MA                                |  |
| $\Box$ J.D.                            |  |
|  |  |

| <ul> <li>□ Ph.D.</li> <li>□ M.D.</li> <li>□ D.D.S/D.M.D.</li> <li>□ Other</li> </ul>             |
|--|
| Current Employer Category  |
| Check one.   |
| O Academia   |
| <ul> <li>Federally Funded Research and Development Center</li> <li>Federal Government</li> </ul> |
| Local Government   |
| O Private Sector (includes self-employed)  |
| State Government   |
| Current Job Category   |
| Provide the percentage of each selected [ex.: 70% researcher + 30% educator].                    |
| Lawyer?  |
| Educator/Trainer ?   |
| Judge ?  |
| Lab Manager/Director ?   |
| Practitioner ?   |
| Quality ?  |
| R&D Technology Partner Personnel/Management ?  |
| Researcher ?   |
| Other ?  |
| Summary of Expertise   |
| Enter a brief summary of your background, expertise, work/research, and years                    |
| of experience.   |
| Summary of Expertise Required*   |
|  |
|  |
|  |
| 1700 chanacter(s) normaining   |
| 1500 character(s) remaining  |
| CV/Resume  |
| CV/Resume must be submitted for your application to be considered.                               |
| <u>Upload a current CV/resume</u>  |
| (https://nist.app.box.com/f/90f983cc962b4097b24e2cd8143addf2)                                    |
| Type the name of the file you uploaded to Box.com. Required*                                     |
| file.pdf   |
| Please name the file with your Last Name_First Name.   |
|  |

Area(s) of Expertise

| Check all the apply.  |   |  |
|---|---|--|
| ☐ Bloodstain Pattern Analysis ?   | ☐ Friction Ridge ?                            |  |
| ☐ Crime Scene Investigation &   | ☐ Human Forensic Biology ?                    |  |
| Reconstruction ?  | ☐ Human Factors ?                             |  |
| ☐ Digital Evidence ?  | ☐ Ignitable Liquids, Explosives, &            |  |
| ☐ Disaster Victim Identification ?  | Gunshot Residue ?                             |  |
| □ Dogs & Sensors ?  | ☐ Legal ?                                     |  |
| ☐ Firearms & Toolmarks ?  | ☐ Medicolegal Death Investigation ?           |  |
| ☐ Facial Identification ?   | ☐ Quality Management ?                        |  |
| ☐ Fire & Explosion Investigation ?  | ☐ Seized Drugs ?                              |  |
| ☐ Footwear & Tire ?   | ☐ Speaker Recognition ?                       |  |
| ☐ Forensic Anthropology ?   | ☐ Statistics ?                                |  |
| ☐ Forensic Document Examination ?   | ☐ Trace Materials ?                           |  |
| ☐ Forensic Nursing ?  | ☐ Video/Imaging Technology &                  |  |
| ☐ Forensic Odontology ?   | Analysis ?                                    |  |
| ☐ Forensic Toxicology ?   | ☐ Wildlife Forensic Biology ?                 |  |
| What level of the OSAC interests you as a v                                   | olunteer?                                     |  |
| Check all that apply.   |   |  |
| ☐ Interdisciplinary Committee ?   |   |  |
| ☐ Scientific and Technical Review Panel ②                                     |   |  |
| ☐ Subcommittee ?  |   |  |
| Have you had any previous experience draft                                    | ting voluntary consensus standards?           |  |
| ○ No  |   |  |
| ○ Yes   |   |  |
| Have you had any previous experience implementing voluntary consensus         |   |  |
| standards?  |   |  |
| ○ No  |   |  |
| ○ Yes   |   |  |
| I have read the <u>OSAC Code of Responsibilit</u>                             | y (http://www.nist.gov/topics/organization-   |  |
| scientific-area-committees-forensic-science/osac-co                           | de-responsibility) document, and if selected, |  |
| understand and will adhere to the commitment                                  | nents required of me.                         |  |
| ☐ Agree Required*   |   |  |
|   |   |  |
| Privacy Act Statement   |   |  |
|   |   |  |
| Authority   |   |  |
| The collection of this information is authorized                              | orized under the NIST Organic Act, Title      |  |
| 15 U.S.C. § 272 (b)(10) and (b)(11) and the Paperwork Reduction Act (PRA), 44 |   |  |
| U.S.C. § 3501 et seq.   |   |  |
|   |   |  |
| Purpose   |   |  |
| Information is collected for the National                                     | Institute of Standards and Tech               |  |

(NIST), Organization of Scientific Area Committees (OSAC).

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## **Disclosure**

Furnishing this information is voluntary. When supplying the information, you are indicating your voluntary consent for NIST to use the information you submit for the purpose stated.

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National Institute of Standards and Technology 100 Bureau Drive Gaithersburg, MD 20899 ATTN: Timothy Brennan, Program Manager Organization of Scientific Area Committees Special Programs Office Timothy.brennan@nist.gov

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