

# COLORADO CORONERS STANDARDS & TRAINING BOARD

## Continuing Education Application

**FOR CORONERS ONLY  
Not for Deputy  
Coroners**

I am using this form to document:  
(Check all that apply)

- ☐ Continuing Education  
☐ Medico-Legal Death Investigation  
☐ Deputy Coroner Training

### SECTION A - General Information

Name:	Title: <b>CORONER</b>
County:	Mailing Address:
City:	Zip:
Best contact (email and/or phone):	

### SECTION B - Continuing Education. Please submit one form for each training class.

Program title: (Use one for each program)		# Hours requested:
Program dates:	Program location:	
Program provider:	Address of provider:	
COURSE DESCRIPTION (see below for instructions):		
If the course has been approved by the Colorado Coroners Association (CCA), American Board of Medicolegal Death Investigators (ABMDI), American Academy of Forensic Sciences (AAFS), National Association of Medical Examiners (NAME) or International Association of Coroners and Medical Examiners (IACME), PLEASE ATTACH THE COURSE CERTIFICATE. FOR OTHER COURSES, ALSO ATTACH THE COURSE SYLLABUS OR CONTENT OUTLINE.		

### SECTION C - Medico-Legal Death Investigation (MLDI)

A minimum of MLDI certification is required within one (1) year of taking office. Please attach your certificate of completion.

A list of approved providers can be found at [HERE](#).

### SECTION D - Deputy Coroner Training

Each coroner is required to create and publish a policy for the training of deputy coroners.

- ☐ I certify that I have created and published the policy required by section 30-10-601.8(6), Colorado Revised Statutes.
- ☐ I certify that I do not have any Deputy Coroners.

I certify that the information contained in and attached to this application is complete and correct to the best of my knowledge.

APPLICANTS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Scan and email with your CEU certificate to: [CCSTBoard@gmail.com](mailto:CCSTBoard@gmail.com)