



**Office of the Chief Medical Examiner**  
North Carolina Department of Health and Human  
Services Division of Public Health  
3025 Mail Service Center, Raleigh, NC 27699-3025  
Phone: 919-743-9000

## Medical Examiner Application

**\*\* IMPORTANT Submission instructions\*\*** Please fill out the form electronically. Submit the completed form along with any questions to: [ocme.medexadmin@dhhs.nc.gov](mailto:ocme.medexadmin@dhhs.nc.gov) Please format the subject line as ME application ( your name )

<b>Section A</b>	<b>Applicant's Information</b>
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Name \_\_\_\_\_ // \_\_\_\_\_  
First Middle Last Preferred Name

Mailing Address \_\_\_\_\_  
Street Address (including unit number, if applicable)  
\_\_\_\_\_  
City, State Zip County

<b>Section B</b>	<b>Contact Information</b>
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Primary Phone \_\_\_\_\_ Email \_\_\_\_\_  
(please circle) cell, work, home, other (\*REQUIRED – All OCME reports sent via email)

Secondary Phone \_\_\_\_\_  
(please circle) cell, work, home, other

<b>Section C</b>	<b>*Billing Information</b>
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*\*Please provide the tax ID we should use to report your earnings to the IRS. If you will be paid as an individual, please provide your social security number. If you will be paid through your group practice, please provide the federal tax ID number.*

**Individual**  
Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

- OR -

**Group Practice**  
Federal Tax ID Number \_\_\_\_\_ - \_\_\_\_\_

Facility Name \_\_\_\_\_

Facility Address \_\_\_\_\_  
Street Address (including unit number, if applicable)  
\_\_\_\_\_  
City, State Zip County

<b>Section D</b>	<b>Professional Information</b>
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School / Professional Certification \_\_\_\_\_

Degree(s) (if any) \_\_\_\_\_ Graduation Year \_\_\_\_\_

License Number \_\_\_\_\_

\*\*If you have participated in the NC Medical Examiner Training Program, please note the date and location.

Date \_\_\_\_\_ Virtual? \_\_\_\_\_

Location \_\_\_\_\_

*The NC Office of the Chief Medical Examiner accepts applications from the following professionals licensed or credentialed to practice in North Carolina, which from the below makes you qualified to apply for medical examiner appointment*

- |                                  |   |
|----------------------------------|---|
| Physician                        | Physicians Assistant                          |
| Dentist                          | Paramedic credentialed under NC G.S. 131E-159 |
| Nurse Practitioner               | Physical Therapist                            |
| Registered Nurse                 | Pathologist Assistant*                        |
| Medicolegal Death Investigator** |   |

\* Certified by the American Society for Clinical Pathology (ASCP)

\*\*Certified by the American Board of Medicolegal Death Investigators (ABMDI)

County/ies requested for appointment \_\_\_\_\_

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** Please be aware your appointment as a medical examiner is based not only on your skills, abilities, and education, but also the needs of your community.



## North Carolina Medical Examiner Application Supplemental Questionnaire

Why do you want to be a medical examiner?

Do you have any concerns or hesitation about serving as a medical examiner? If yes, what are they?

Are you disturbed by death, strong odors, charred remains, infant pediatric cases, dismemberment, maggots, decomposition, mass fatality scenes, and/or massive body trauma?

Medical examiners fulfill a vital role in the state of North Carolina and can be called upon 24/7 to conduct medicolegal death investigations. As this is not your primary occupation, what is your availability to serve as an ME?

- 1x per week
  1x per month
  2x or more per month

**Note:** Call schedules vary from county to county. Typically, a medical examiner is expected to take a 12-24 hour shift a couple times per month.

If you answer "Yes" to any of the questions in this section, you are required to submit an explanation and supporting documentation.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been convicted of an offense against the law other than a minor traffic violation?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you had any application for a license or certification denied by any state board or other governmental agency of any state, territory, or country?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever had any professional license or certification revoked, suspended, placed on probation, or other disciplinary action taken in any state, territory, or country?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medical examiner work often requires lifting and moving decedents. Do you have any physical limitations that would prevent you from exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 10 pounds of force constantly to move objects?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you previously been appointed as a medical examiner in either North Carolina or another state? If yes, where, when, and for how long? Why are you no longer appointed as a medical examiner?

If you answer “No” to any of the questions in this section, you are required to submit an explanation and supporting documentation.

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have the ability to complete and submit Reports of Investigation electronically and within the 14-day time period allocated for payment for services?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medical examiners must often travel to the scene of an incident to conduct their investigation. Do you have a valid driver’s license and a vehicle?

How did you hear about the North Carolina Medical Examiner System? If you were referred to the Medical Examiner System, who referred you?

Please provide a list of three references.

1.	Name	Relation	Phone Number	Email
2.	Name	Relation	Phone Number	Email
3.	Name	Relation	Phone Number	Email

Medical examiners must write a concise Report of Investigation that addresses who, what, when, where, and why of the decedent’s death. In a few sentences, please describe our facility (pictured) in the space below. The street address is 4312 District Drive, Raleigh, NC 27607.



Please review and initial the following:

- |  | <b>Initials</b> |
|--|-----------------|
| 1. I will submit a current copy of my credentials and/or license with my application for medical examiner. Please submit a copy of current drivers license with credentials. | _____           |
| 2. I agree to allow an OCME representative to contact me to discuss any answers contained in this application.   | _____           |
| 3. I understand and acknowledge if my application for medical examiner is accepted, I am responsible for attending a four day orientation and one-day in-person training.    | _____           |
| 4. I understand the OCME and Medical Examiner Trainer reserve the right to NOT appoint me if my training performance is not satisfactory                                     | _____           |
| 5. The answers provided by me in this application are truthful and accurate to the best of my knowledge and belief.  | _____           |

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Name of Applicant	Signature	Date
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**Reminder: Follow the submission instructions at the top of page one. Failure to do so may result in the denial of the application.**

<b>**FOR OCME OFFICE USE ONLY**</b>
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- Application + supplemental questionnaire received \_\_\_\_\_
- Credentials received \_\_\_\_\_
- W-9 received \_\_\_\_\_

Notes:

NC License Number \_\_\_\_\_

Verification date \_\_\_\_\_ Verifier Initials \_\_\_\_\_

Approve / Decline / Hold
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Assigned Counties \_\_\_\_\_

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*Trish Fore, Program Director*  
*Medical Examiner Training and Management*

Date