



# SOCIETY OF FORENSIC TOXICOLOGISTS, INC.

## APPLICANT REFERENCE FORM

REFERENCE MUST BE RECEIVED BY S.O.F.T. WITHIN 60 DAYS OF APPLICATION

### TO BE COMPLETED BY APPLICANT (Please type or print)

Applicant Name: \_\_\_\_\_ Phone / Fax: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**TO BE COMPLETED BY REFERENCE** (Use other side, if necessary. Do not attach another sheet.) Reference must be a **FULL** S.O.F.T. member in good standing.

Reference's Name: \_\_\_\_\_ Phone / Fax: \_\_\_\_\_

Company / Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

1) Please describe your knowledge of the applicant to include:

a) Working relationship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) Percentage of time and type of forensic toxicology work applicant performs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c) Years of experience in forensic toxicology: \_\_\_\_\_ years

d) To the best of your knowledge, has the applicant ever been censured for unethical conduct or procedure?

Yes                      No

e) Additionally, please comment on your knowledge of the applicant's moral character:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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2) Do you recommend without qualification that the applicant be accepted into the Society of Forensic Toxicologists?

Yes                      No                      If no, state reasons:

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3) Additional Comments:

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ALTERNATIVE:  I do not wish to serve as a reference at this time.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please send completed form to:            c/o S.O.F.T. Administrative Offices  
1 N. MacDonald, Suite 204  
Mesa, AZ 85201  
info@soft-tox.org  
Phone / Fax: 480-839-9106