

Trainee Name: _____

Training Coordinator: _____

FAMILIAL DNA SEARCHING TRAINING DOCUMENTATION FORM

Each section in the chart below must be initialed and dated by the trainer/training coordinator. If any task is not completed, this must be explained in the training file and approved by the Program Manager.

MODULE	BEGIN DATE	PRACTICAL EXERCISES	COMPLETE DATE	COMMENTS
General DNA Analysis Knowledge			N/A	
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Y-STR Analysis Qualification				
Kinship Statistical Analysis Qualification				
Required Readings/SOPs				
VIRGINIA DEPARTMENT OF FORENSIC SCIENCE				
Observation/Review of Entire Search Process		≥ 1		
Validation-like Familial Search		≥ 1		
Performance of Simulated Search (Under Supervision)		≥ 1		
Performance of Familial Search on Previous Cases (Independently)		≥ 3		
Technical Review		≥ 2		
VIRGINIA DEPARTMENT OF FORENSIC SCIENCE				
Practical Exam				
Oral Competency				