

# Department of Forensic Sciences Internship and Post-doctoral Policy

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## 1. Background

This document describes the policies for interns and post-doctoral fellows (“postdocs”) volunteering or working at the Department of Forensic Sciences (DFS). DFS’s internship and postdoc program offers a variety of professional opportunities for students and young professionals who are interested in forensic and public health sciences in public service. Interns and postdocs have the opportunity to be involved in many aspects of the agency’s daily work, program activities, support to staff, and special projects. Thus, interns and postdocs share responsibilities for administrative tasks beyond the core topics of interest.

## 2. Definitions

For purposes of this document, the following terms shall have the designated meanings:

**Intern:** An undergraduate or Masters student currently enrolled in a forensic or public health science program at an accredited university; also, the same but enrolled in a program with a relevant interest in a forensic topic.

**Post-doctoral Fellow (“Postdoc”):** A doctoral student currently enrolled in a forensic or public health science program at an accredited university; also, the same but enrolled in a program with a relevant interest in a forensic topic.

**Principal Investigator/Academic contact:** A full-time employee of a university formally assigned the oversight for and supervision of an intern or postdoc.

**DFS Supervisor:** A full-time employee of the DFS formally assigned the oversight for and supervision of an intern or postdoc.

## 3. Regulation

3.1 The DFS was created through the *Department of Forensic Sciences Establishment Act of 2011* and is bound by that legislation.

3.2 Any changes to this document must be approved by the DFS Director.

3.3 Any policies or regulations of an intern's or postdoc's university apply to students and faculty of that institution and do not have jurisdiction over the DFS or the government of the District of Columbia.

## 4. Applications

### 4.1 Application Criteria

Applicants for internships or postdocs must:

1. Be currently enrolled in an accredited college or university;
2. Be studying in a forensic, public health, or related field;
3. Have at least a 3.0 ("B") GPA for interns or 3.5 GPA for postdocs;
4. Have a flexible schedule to accommodate normal DFS work hours;

### 4.2 Timeline

Applications are taken year-round and the length of the internship varies by academic program. The position may be full or part-time. The DFS strongly encourages applicants to commit to no less than a 20 hour per week project over 15 weeks (300 hours) but may go beyond that based on the scope of the project or position.

### 4.3 Application Requirements

Applicants must:

1. Complete the DC2000 Form
2. Provide a one page resume
3. Provide a one page cover letter describing the applicant's areas of interest or research project, their career goals, and what they expect from being at the DFS.
4. A copy of the applicant's current official transcript
5. Two letters of recommendation written on official university letterhead from faculty recommending the applicant; contact information (email and telephone) must be provided.

Applicants not submitting all five completed components of the application will not be considered.

4.4 Completed applications must be sent as a single PDF document to: [ContactDFS@dc.gov](mailto:ContactDFS@dc.gov).

4.5 Applications will be reviewed as received by relevant DFS staff. Applicants will be chosen based on scholastic ability, accomplishments, and recommendations. Phone or in-person interviews may be required.

4.6 Selected applicants will be required to fill out and submit a Department of Human Resources non-Employee ID Credential Request Form (Appendix B) and a DFS Intern/Postdoc Confidentiality Agreement (Appendix C).

**4.7 The position will be contingent upon the successful completion of a background check by the Human Resources Department of the District of Columbia. The HR Department will be responsible for contacting successful candidates with start dates, orientation materials, and credentials.**

## 5. Professionalism and procedures

5.1 Interns/postdocs are to be treated as professionals in the course of their activities in the CFL; likewise, they are expected to act as professionals. To this end, they are required to follow and adhere to all CFL and DFS policies, including but not limited to security, safety, protocols, ethics, and procedures, as if they were employees of the DFS.

5.1.1 All selected applicants, regardless of final assignment, are required to submit a DNA buccal swab for internal quality control purposes. The Forensic Science Laboratory DNA Sample Consent Form (Appendix E) must be filled out and signed by the submitter. Failure to do so may result in the termination of the internship.

5.2 Violations of any policies and procedures may result in revocation of DFS access and termination of the internship or postdoctoral session.

5.3 Internships and postdoctoral sessions are a privilege provided by the DFS and may be terminated at any time without cause.

5.4 Interns/postdocs are required to sign the DFS Intern/Postdoc Confidentiality Agreement (Appendix B) before the beginning their work with the DFS. Failure to do so will result in termination of the internship.

5.5 Principal investigators are required to sign the DFS Intern/Postdoc Confidentiality Agreement (Appendix C) before the beginning their work with the DFS. Failure to do so will result in termination of the relationship.

5.6 Activities conducted during the internship/postdoctoral session may include but are not limited to:

- Research

- Projects
- Training
- Meetings
- Literature reviews
- Rotations through the various DFS laboratories

5.7 Unless otherwise specified, interns/postdocs are not to handle evidence or be left alone with unsealed or unsecured evidence.

5.7.1. Applicants are not to handle or test clinical specimens for reporting purposes. Clinical specimens will be annotated to be compliant with CLIA and HIPPA regulations.

5.8 At the end of the internship or postdoctoral session, all DFS credentials are to be returned to the supervisor.

# Appendix A: DFS Intern/Postdoc Application Process Document

## Internship Application Process

### Application Criteria:

- Currently enrolled in an accredited college or university
- Studying in a forensic, public health, or related field
- Must have at least a 3.0 (“B”) GPA for interns and a 3.5 GPA for postdocs

### Timeline:

Applications are taken year-round and the length of the internship varies by academic program.

### Application Requirements:

1. Complete the DFS Application Form
2. Provide a one page resume
3. Provide a one page cover letter describing the applicant’s areas of interest or research project, their career goals, and what they expect from being at the DFS.
4. A copy of the applicant’s current transcript
5. Two letters of recommendation written on official university letterhead from faculty recommending the applicant; contact information (email and telephone) must be provided.
6. Postdocs must provide a proposal of the work to be done at the DFS, conforming to stylistic norms of the *Journal of Forensic Sciences* for research papers.

**Applicants not submitting all completed components of the application will not be considered.**

Completed applications must be sent as a single PDF document to:  
[ContactDFS@dc.gov](mailto:ContactDFS@dc.gov).

## Appendix B: DC 2000 Form

<http://dc.gov/downloads/ABOUT%20DCPS/Human%20Resources/Downloadables/DCPS-HR-EMPLOYMENT-APPLICATION-DC2000.pdf>

# Appendix C: DFS Intern/Postdoc Confidentiality Agreement

## Confidentiality Agreement: Intern/Postdoc

1. Name of the Intern: \_\_\_\_\_
2. Name of the Intern Supervisor: \_\_\_\_\_
3. Description of the internship project: \_\_\_\_\_  
\_\_\_\_\_
4. I have provided the Department of Forensic Sciences (hereafter, DFS) with a detailed description of the scope and objective of this internship project. As the Intern, I agree to restrict my project to the purpose(s) for which I have obtained permission to proceed from the DFS, and for no other purpose(s).
5. **I agree that I will adhere to and follow the safety, security, laboratory, and agency policies and protocols. I understand that a violation of any of these may result in the immediate termination of my internship and that my academic institution may be notified of this matter.**
6. As Intern, I understand that the records of the DFS are confidential and privileged under law. I understand that unauthorized dissemination of such records is strictly prohibited.
7. I understand that the DFS has a public trust to maintain confidentiality of its records. As a condition of being permitted to perform an internship using the records of the DFS, **I agree that I will not record, nor disclose, through discussions or publication, or in any other fashion, personally identifying information that may lead to the identification of any of the individuals whose records I review.** Personally identifying information includes, but is not limited to: the name and/or address of the persons involved in the case; the Case Number; the name and address of any individual identified in the case file.
8. I understand I am prohibited from photocopying or otherwise reproducing any DFS photograph, report, record, any death scene, or any physical evidence without prior written authorization from the DFS Legal Department.
9. I understand that unauthorized dissemination of details of an investigation can jeopardize a criminal investigation, a prosecution, or the safety of a living person. Therefore, I agree that I will not discuss or disclose specific aspects, methods, materials (intact, processed, or any byproduct of such materials), or facts of any investigation I review with any individual other than one authorized to participate in this intern project, and for no other purpose(s).
10. I further agree that I will maintain the confidentiality and the safekeeping of the records I may review. I will handle the records of the DFS in such a way as to prevent inadvertent disclosure of any confidential information. I agree to handle the records in such a way as to return the original record to the files of the DFS in an intact and complete condition, organized as given to my agents or myself, and properly indexed, to the location from which they were retrieved. I agree that review of DFS files is strictly limited to those cases which are the subject of this internship project. I understand I may not review

any DFS case files which are outside of the specific focus and scope of this project.

11. I agree that that, in the event of a breach of confidentiality or loss of materials (intact or a byproduct of such materials) or data, I will notify my supervisor and the DFS Director in writing within 24 hours of the event.
12. I understand that I am strictly prohibited from contact family members or friends of any person involved in the case, or any individual named in a DFS case file.
13. I understand and agree that any project involving (i) the collection or recording of information concerning living human subjects, or (ii) interaction with living human subjects (e.g., the collection of oral swab or hair samples or other specimens), or (iii) DNA or genetic testing and analysis, or (iv) research on non-waste tissue must be submitted to the Institutional Review Board of my educational institution for review and approval prior to commencement of any such activity.
14. I agree that I am ultimately responsible for the activities performed in this project. I agree to discuss with all supervisors involved in this internship project of the need to preserve the confidentiality of the records of the DFS.
15. I understand that it is my responsibility to assure that all activity related to this internship is in compliance with applicable federal, state, and local laws and regulations.

Printed Name of Intern: \_\_\_\_\_

Signature of Intern: \_\_\_\_\_

Printed Name of DFS Supervisor: \_\_\_\_\_

Signature of DFS Supervisor: \_\_\_\_\_

Date of completion of this form: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

# Appendix D: DFS Principal Investigator Confidentiality Agreement

## Confidentiality Agreement: Principal Investigator

1. Name of the Principal Investigator: \_\_\_\_\_
2. Name of the research project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. I have provided the Department of Forensic Sciences (hereafter, "DFS") with a detailed description of the scope and objective of this research project. As the Principal Investigator, I agree to restrict my research project to the research purpose(s) for which I have obtained permission to proceed from the DFS, and for no other purpose(s). Additionally, I have submitted a DFS Research Agreement in which I have identified all individuals who will be associated with this research study.
4. I agree that review of DFS files is strictly limited to those cases which are the subject of this research project. I understand I may not review any DFS case files which are outside of the specific focus and scope of this project.
5. As Principal Investigator, I understand that the records of the DFS are confidential and privileged under law. I understand that unauthorized dissemination of such records is strictly prohibited.
6. I understand that the DFS has a public trust to maintain confidentiality of its records. As a condition of being permitted to perform an internship using the records of the DFS, **I agree that I will not record, nor disclose, through discussions or publication, or in any other fashion, personally identifying information that may lead to the identification of any of the individuals whose records I review.** Personally identifying information includes, but is not limited to: the name and/or address of the persons involved in the case; the Case Number; the name and address of any individual identified in the case file.
7. I understand I am prohibited from photocopying or otherwise reproducing any DFS photograph, report, record, physical evidence, or of any scene without prior written authorization from the DFS General Counsel.
8. I understand that unauthorized dissemination of details of an investigation can jeopardize a criminal investigation, a prosecution, or the safety of a living person. Therefore, I agree that I will not discuss or disclose specific aspects, methods, materials (intact, processed, or any byproduct of such materials), or facts of any investigation I review with any individual other than one authorized to participate in this research project, and for no other purpose(s).
9. I further agree that I will maintain the confidentiality and the safekeeping of the records I review. I will handle the records of the DFS in such a way as to prevent inadvertent disclosure of any confidential information. I agree to handle the records in such a way as to return the original record to the files of the DFS in an intact and complete condition, organized as given to my agents or myself, and properly indexed, to the location from which they were retrieved.

10. I agree that that, in the event of a breach of confidentiality or loss of research materials (intact or a byproduct of such materials) or data, I will submit written notice to the DFS Legal Department and, if applicable, to the Institutional Review Board (IRB).
11. I understand that I am strictly prohibited from contact family members or friends of any person named in a DFS case file, or any individual named in a DFS case file.
12. I understand and agree that any research study involving (i) the collection or recording of information concerning living human subjects, or (ii) interaction with living human subjects (e.g., the collection of oral swab or hair samples or other specimens), or (iii) DNA or genetic testing and analysis, or (iv) research on non-waste tissue must be submitted to the Institutional Review Board for review and approval prior to commencement of any such research activity.
13. I agree to assign a unique code number to each case file or tissue sample in order to strictly anonymize the subject or decedent associated with the research. I further agree that the list or mechanism used to link the unique code number and the case file or tissue sample must be given to the DFS Research Coordinator in order to be kept separate from the research data that has been collected or recorded. I agree that if I ever need to re-identify the subject or decedent, I must seek the written approval of the DFS Research Coordinator and the Institutional Review Board.
14. I agree that upon completion of any IRB-approved research project, I will maintain all data or information collected or recorded for a period of at least three years.
15. As the Principal Investigator, I agree that I am ultimately responsible for the supervision of activities performed by the Research Project Workers that I have selected to work on this project. I agree to discuss with all research project workers involved in this research project of the need to preserve the confidentiality of the records of the DFS.
16. I understand that it is my responsibility as the Principal Investigator of the research project described herein, to assure that all research activity related to this research project is in compliance with applicable federal, state, and local laws and regulations.

Printed Name of Principal Investigator: \_\_\_\_\_

Signature of Principal Investigator: \_\_\_\_\_

Date of completion of this form: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Appendix E: DFS Forensic Science Laboratory DNA Sample Consent Form

## Forensic Science Laboratory DNA Sample Consent Form

The Forensic Science Laboratory (FSL) requires that all visitors/vendors/support personnel that have cause to enter the FSL laboratories provide a DNA sample to assist in identifying the source of extraneous DNA profiles which may be detected in the course of performing DNA examinations. Please be advised of the following information and procedures:

1. An FSL employee will collect a saliva sample by swabbing the inside of your cheek/mouth. This procedure should take no longer than a minute and should not cause you any discomfort. After this swab is collected, the FSL will use the swab to generate your DNA profile.
2. Your DNA profile will be stored within the FSL Quality Assurance (QA) DNA database.
3. Your DNA profile will be retained indefinitely within the FSL QA DNA database in order to provide continued assistance in identifying the source of extraneous DNA profiles which may be detected in the course of performing DNA examinations.
4. Only specifically authorized staff within the FSL will have access to the FSL QA DNA database.
5. Your oral swab will be destroyed by the FSL after your DNA profile is developed.
6. Your DNA profile will not be used for any medical, research or other purpose.
7. Your name and DNA profile will remain confidential and will not be released or shared with any person, government agency, or entity outside of the FSL without your consent or without a court order.
8. The FSL will not, and cannot as per FBI policy/procedures, upload or submit your DNA profile to the Combined DNA Indexing System (CODIS).

*I have read and understand the information and procedures as specified in this Forensic Science Laboratory DNA Sample Consent Form.*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date of Signature*