



# American Board of Vocational Experts

3540 Soquel Avenue, Suite A | Santa Cruz, CA 95062

Phone: (831) 464-4890 | Fax: (831) 576-1417 | Email: abve@abve.net



## ALTERNATIVE CONTINUING EDUCATION APPLICATION FOR APPROVAL

### BE SURE TO:

1. Complete one form for each alternate continuing education event or program,
2. Submit a verification of attendance/completion with each application form,
3. Submit program description to allow discernment of Forensic Applicability
4. Submit the required \$10 fee
5. Keep a copy of this application for your records

Last Name	First Name	EMAIL ADDRESS
Number & Street	City & State	Zip Code
		Area Code/Daytime Telephone
Program Title		Program Location
Sponsoring Organization		Program Date(s)
Program, Instructor(s)		Contact (Clock) Hours Requested

Specify the **forensic** knowledge and performance areas, **which relate directly to this activity** or project (you may check more than one area):

<input type="checkbox"/> Forensic Testimony & Related Legislation, Rules and Regulations <input type="checkbox"/> Standardized Vocational Testing & work Samples <input type="checkbox"/> Statistical Analysis, Foundations & Theories <input type="checkbox"/> Research Methodology and Forensic Applications <input type="checkbox"/> Standardized Psychological & Neuropsychological Testing <input type="checkbox"/> Vocation Theory & Forensic Applications <input type="checkbox"/> Job Surveys & Job Placement Techniques <input type="checkbox"/> Seminal Vocational Texts & Applications (i.e. DOT, Handbook for Analysis, and others) <input type="checkbox"/> ABVE Standards, Code of Ethics & Professional Ethical Behavior	<input type="checkbox"/> Transferable Skills Analysis; Theories & Forensic Applications <input type="checkbox"/> Physical Capacity Evaluation, Assessment of Functionality & Work Applications <input type="checkbox"/> Occupational Information Network (O*Net) <input type="checkbox"/> Life Care Planning; Resources, Techniques, Competencies <input type="checkbox"/> Pain Measurement, Pain Management, Work Implications, Treatment Modalities <input type="checkbox"/> Occupational Density; Theoretical Foundation, Resources, Applications <input type="checkbox"/> Determination of Earning Capacity; Theories, Sources & Applications
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This application is for:  \$10.00 Individual Member Request  \$50.00 Organization Request\*

\*If you are requesting pre-approval of a program, you will receive an email notice with the approved hours and pre-approval number. Please include the pre-approval number on the attendance verification form for individuals wishing to submit continuing education hours to ABVE.

<b>Signature</b>	<b>Date</b>
<b>Payment Information:</b> <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> M/C <input type="checkbox"/> Amex	
Credit Card #: _____ - _____ - _____ Expiration: _____ 3 or 4 Digit Security Code _____	
Signature: _____	
Name as it appears on credit card: _____	
Full Billing Address _____	

<i>For Office Use Only:</i> Approved <input type="checkbox"/> Denied <input type="checkbox"/>	
Date of Review by Chair: _____	Chair Signature: _____
Reason for Denial: _____	