



## American Board of Vocational Experts

3121 Park Ave., Ste. C, Soquel, CA 95073

831-464-4890 – Fax: 831-576.1417 – E-mail: [abve@abve.net](mailto:abve@abve.net) – Web site: [www.abve.net](http://www.abve.net)

Name:

Address:

Applicant's Name:

Dear \_\_\_\_\_,

The applicant listed above has applied for certification in the *American Board of Vocational Experts* and has provided your name as a reference. To achieve certification status, the applicant must document experience in assessment of vocational capacity and with vocational expert testimony in forensic settings; a minimum of three years of documented experience is required for Fellow status and seven years, for Diplomate status. We prefer your responses to be made on your organization's letterhead stationary. However, should you choose to use this form, please print and sign your name, and date the letter. These are the questions that the Credentials Committee would appreciate your narrative response:

1. Have you personally been associated with the applicant in his/her role as a vocational expert (VE)? Please give beginning & ending dates.
2. What is the length of time that you worked with the applicant in his/her role as a VE? Please give beginning & ending dates.
3. In what capacity have you known the applicant?
4. Are you related to the applicant by blood or marriage?
5. Are you an employer or colleague?
6. Are you involved with the applicant in multiple roles? If so, please explain.

7. Please describe the type of information that this applicant in the role of VE made available to you and explain its usefulness.
  
8. Was the vocational information presented by this applicant in the role of VE current, informative, impartial, and presented in such a manner that both lay and professionals were enlightened?
  
9. In what types of settings or cases do you have personal knowledge that the applicant has testified as a vocational expert (i.e., Worker's Compensation hearings, Social Security Disability hearings, or in state or federal court settings, including depositions)?
  
10. Please comment on any other information that you perceive to be important for the Credentials Committee to know about the applicant which would be helpful in determining the candidate's eligibility for certification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print name: \_\_\_\_\_  
Telephone # \_\_\_\_\_ Fax: # \_\_\_\_\_

Instructions: Please return this letter to the applicant. For certification purposes, a recommendation without a date and signature will not be accepted.