



American Board of Vocational Experts

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

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 \$15 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/Home Study Course	
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: \$15.00 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.

Signature

Date

Payment Information: <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	_____		

For Office Use Only: Approved Denied

Date of Review by Chair: _____ Chair Signature: _____

Reason for Denial: _____