



# American Board of Vocational Experts

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

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## 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 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):

<p><b>Vocational Assessment</b></p> <p><input type="checkbox"/> Forensic Vocational Reporting</p> <p><input type="checkbox"/> Medical/Functional Aspects of Disability</p> <p><input type="checkbox"/> Forensic Vocational Rehabilitation Tools</p> <p><input type="checkbox"/> Psychometric Evaluation</p>	<p><b>Forensic Vocational Practice Venues and Systems</b></p> <p><input type="checkbox"/> Disability Systems</p> <p><input type="checkbox"/> The American Legal System</p> <p><input type="checkbox"/> Civil Litigation</p> <p><input type="checkbox"/> Life Care Planning</p>	<p><b>Professional Standards and Practice</b></p> <p><input type="checkbox"/> Clinical Judgement</p> <p><input type="checkbox"/> Research and Statistics</p> <p><input type="checkbox"/> Professional Standards and Ethical Issues</p>
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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

<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 _____			

For Office Use Only: Approved  Denied

Date of Review by Chair: \_\_\_\_\_ Reason for Denial: \_\_\_\_\_

Go to [www.abve.net](http://www.abve.net) and click on Continuing Education for details about CEU requirements. For a list of Pre-Approved ABVE CEUs