



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 fee (\$75 organization approval, \$15 individual approval)
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>Vocational Assessment</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>Forensic Vocational Practice Venues and Systems</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>Professional Standards and Practice</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 \$75.00 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 _____	

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

Go to www.abve.net and click on Continuing Education for details about CEU requirements. For a list of Pre-Approved ABVE CEUs