



American Board of Vocational Experts

3540 Soquel Avenue, Suite A
Santa Cruz, CA 95062
(831) 464-4890 Fax: (831) 576-1417



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, and
5. Keep a copy of this application for your records.

Last Name	First Name	Middle Name
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 a: (please check one) \$10.00 Individual Member Request \$50.00 Organization Request*

Signature _____ Date _____

*If you are requesting pre-approval of a program, a form will be returned with the approved hours and pre-approval number. Please keep the form for your records and include the pre-approval number on the attendance verification form for individuals wishing to submit continuing education hours to ABVE.

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