

American Board of Vocational Experts 3739 National Dr, Ste 202, Raleigh, NC 27612 Phone (919) 926-3265 fax (919) 787-4916

Email:abve@abve.net | Website: www.abve.net

Student Member Application

Student Member Information: Name: Address: State: Zip: City: _____ Fax: _____ Telephone: Email: Website: **Education/Training** Current year in study/training? What is your major area of study? Anticipated year of graduation? Educational Institution: Please list previous education below: Degree Earned Institution Dates Attended List those courses you have taken that have some orientation to vocational/occupational content: List any current or previous job duties that relate in some way to providing vocational/occupational information: What is your occupational plan?

Statement of Student Status:

In applying for acceptance at Student status with the American Board of Vocational Experts, I understand that this is a <u>membership category</u> only and acceptance in this category does not constitute certification as a vocational expert and does not make acceptance as a member eligible for certification. I understand this difference between membership and certification. I am aware that if accepted for student membership status, I will not state nor imply that my membership with ABVE in any way constitutes certification as a vocational expert.

I, the undersigned, hereby make voluntary application to the American Board of Vocational Experts, (ABVE). I agree to be bound by the Code of Ethics adopted by ABVE and that failure to do so may result in suspension or revocation of my membership. I affirm that the information I have provided in this application is true and accurate. I agree to keep my professional activities in full compliance with all existing laws and not to junction beyond the limits of my competency. I further understand and agree that ABVE and its affiliates assume no responsibility for any of my activities and actions.

Signed:			Date:
Payment			
Membership fee of \$75	issued to American I	Board of V	Ocational Experts. We accept
personal check, MasterC	Card, VISA or Amex.		
Check #	☐ MasterCard [Visa	American Express
Credit Card Number:			
Expiration Date:			Security Code:
Billing Address:			
City:	S	State:	Zip code:
Signature:			

Please type or print. Once completed, please return this application to ABVE. You must include documentation of current enrollment.