

AADEP REQUIRED COURSEWORK: (MUST HAVE AT LEAST ONE AADEP COURSE IN PAST TWO YEARS TO APPLY)	AADEP COURSE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Month Year																
CURRENT CV:	PLEASE PROVIDE A COPY OF CURRENT CURRICULUM VITAE																
LICENSURE:	PLEASE SEND A COPY OF YOUR CURRENT STATE LICENSE (If Appropriate)																
ACTIVITY IN DISABILITY EVALUATION:	How long has the evaluation of disability or impairment been a part of your professional activity? _____ Years																
RECOMMENDATIONS:	Provide two <u>letters of recommendation</u> from individuals familiar with your qualifications and standing in impairment evaluation (Peers), who are Members or Fellows of AADEP.																
REFERENCES: (To contact as necessary) Please List Two Colleagues	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">NAME</td> <td style="width: 50%; border-bottom: 1px solid black;">NAME</td> </tr> <tr> <td style="border-bottom: 1px solid black;">INSTITUTION</td> <td style="border-bottom: 1px solid black;">INSTITUTION</td> </tr> <tr> <td style="border-bottom: 1px solid black;">ADDRESS</td> <td style="border-bottom: 1px solid black;">ADDRESS</td> </tr> <tr> <td style="border-bottom: 1px solid black;">ADDRESS2</td> <td style="border-bottom: 1px solid black;">ADDRESS2</td> </tr> <tr> <td style="border-bottom: 1px solid black;">CITY ST ZIP</td> <td style="border-bottom: 1px solid black;">CITY ST ZIP</td> </tr> <tr> <td style="border-bottom: 1px solid black;">COUNTRY</td> <td style="border-bottom: 1px solid black;">COUNTRY</td> </tr> <tr> <td style="border-bottom: 1px solid black;">TELEPHONE FAX</td> <td style="border-bottom: 1px solid black;">TELEPHONE FAX</td> </tr> <tr> <td style="border-bottom: 1px solid black;">EMAIL</td> <td style="border-bottom: 1px solid black;">EMAIL</td> </tr> </table>	NAME	NAME	INSTITUTION	INSTITUTION	ADDRESS	ADDRESS	ADDRESS2	ADDRESS2	CITY ST ZIP	CITY ST ZIP	COUNTRY	COUNTRY	TELEPHONE FAX	TELEPHONE FAX	EMAIL	EMAIL
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TELEPHONE FAX	TELEPHONE FAX																
EMAIL	EMAIL																
List Academic appointments and other professional organizations	Other Professional Memberships/Academic Appointments: _____ _____ _____ _____ _____ _____ _____																

