

### THE CERTIFICATION RENEWAL PROGRAM OVERVIEW

**IMPORTANT:** Your certification as a CRE/CEA will expire on December 31st. To avoid a lapse in your certified status, please complete and return the materials requested in this packet **no later than April 6, 2026 (extension from December 31, 2025).**

**As of October 15, 2024**, those holding a CEA and/or CRE can renew their AREA credential status at three-year intervals from the date of their initial certification. Two renewal options are offered:

**Option 1:** Documentation of 45 clock hours of approved continuing education, including attendance of at least 50% of one AREA Conference and a one-day AREA Boot Camp every three years, and adherence to the Code of Ethics and Rules of Professional Conduct of AREA.

**Option 2:** Re-examination and adherence to the Code of Ethics of AREA and Rules of Professional Conduct.

*Upon written request, CEAs and CREs may ask for a **one-time one-year extension** of this requirement for a charge of \$100.*

The American Rehabilitation Economics Association (AREA) believes that individuals certified as Certified Earnings Analysts (CEAs) should continue to expand their skills in order to enhance the quality of the services they provide. AREA certification renewal requirements are designed to encourage Certified Earnings Analysts to continue their professional education through courses and other activities that will help them serve their clients more effectively.

The AREA certification renewal program uses continuing education opportunities to help practitioners achieve the following goals:

- Obtain information on current trends.
- Explore new technologies.
- Develop balanced professional judgment and enhance critical skills.
- Acquire knowledge in specific focus areas.

### Guidelines for Certification Renewal

The AREA certification renewal program allows you to extend your certification status as a CEA at three-year intervals from the date of your initial certification. It offers two renewal options:

Option 1: Documentation of 45 clock hours of approved continuing education

Option 2: Re-examination

## **Renewal Process**

A Certification Renewal Application will be mailed to you approximately three months prior to the three-year anniversary date printed on your certificate. To complete the renewal process, you must:

1. Complete the application and provide documentation to show that you have completed a minimum of 45 clock hours of continuing education credits. Their occurrence must be dated on or after Day 1 of the current certification period. All clock hours that are not pre-approved are subject to review in line with the Primary Focus Areas listed on page 16.
2. Submit the non-refundable certification renewal fee with your application.

AREA will make every reasonable effort to send the certification renewal packet to current designation holders. **However, it is the designation holder's responsibility to renew his/her certification as dictated by the expiration date on the certificate.**

Because of possible postal delays and the time needed for reviewers to assess submitted packets, AREA urges that renewal materials be sent to the business office 45 days in advance of the three-year expiration date on the current certificate.

## **Option 1: Criteria for Appropriate Continuing Education**

To qualify for approval as continuing education, a program must meet the following criteria:

- It must be at least one hour long. The clock hour is equivalent to 60 minutes of instruction or participation. Clock hour credit is not given for social hours or coffee breaks, or meals during which instruction was not provided. AREA reserves the right to determine the clock hours to be awarded.
- It is AREA's philosophical belief that all programs must be held in an accessible, barrier-free location so that no one with a disability is excluded from participation. AREA strongly encourages all programs to comply with relevant federal, state, and local laws related to AREA serving people with disabilities.
- It must include an evaluation by the participants to assess its effectiveness.
- The purpose of this program must clearly be defined in terms of its objectives or expected outcomes.
- It must be designed to increase the participant's knowledge, or skill regarding the practice of rehabilitation economics and earnings analysis.
- Self-Study (see criteria for Self-Study on page 15).

**Option 2: Re-Examination**

If you prefer to renew your certification through re-examination, you must:

- Complete the renewal application you will receive three months prior to the expiration of your certificate.
- Send the completed renewal application, together with the examination fee and non-refundable certification renewal fee, to AREA by the required deadline.
- Achieve a passing score on the examination.

If you choose the re-examination option, you **MUST** sit for the next scheduled certification examination. Certification renewal candidates cannot defer taking the exam to a future date since their certification will have been expired before they can sit for the exam.

**FEES**

All fees are subject to change, are non-refundable, and must be paid in U.S. Dollars. Payment can be made in the form of check or money order made payable to “AREA.” A handling fee of \$35 will be assessed for any check returned for non-sufficient funds.

|                                             |              |
|---------------------------------------------|--------------|
| <b>Renewal through Continuing Education</b> | <b>\$130</b> |
|---------------------------------------------|--------------|

This fee must be submitted in full with your application for certification renewal.

|                                       |              |
|---------------------------------------|--------------|
| <b>Renewal through Re-Examination</b> | <b>\$260</b> |
|---------------------------------------|--------------|

This fee includes both a certification renewal and an examination charge.

**Continuing Education Fees**

Fees are assessed for pre- and post-attendance approval of non-AREA continuing education. Pre- and post-attendance approval requests are \$20 for each application (**Form D**, pages 14-16), *e.g.*, if five applications, the fee would be \$100).

**Related Fees**

|                         |      |
|-------------------------|------|
| Replacement Certificate | \$25 |
|-------------------------|------|

### INSTRUCTIONS FOR CERTIFICATION RENEWAL

It is time to renew your credential as a CRE/CEA. This packet contains all of the material needed to renew your AREA credential. In addition to the forms that are included in this renewal packet, we have prepared the following checklist to help you keep track of your certification renewal activities.

PLEASE take the time to read this information sheet,  
which is provided to make your renewal process quicker and more efficient.

Under the AREA Plan for Certification Renewal adopted in 1999, every CRE/CEA must renew his/her credential at three-year intervals. Your credential can be renewed through one of two options: (1) continuing education, or (2) re-examination.

**PLEASE INDICATE YOUR OPTION PREFERENCE ON FORM A (PAGE 10).**

**Option 1: Documentation of 45 hours of approved continuing education:** If you are renewing your certification through continuing education, please follow the instructions below:

- ☐ Complete the Certification Renewal Application in its entirety (**FORM A**, pages 9-11), sign and remit with proper fees.
- ☐ Refer to **FORM B** (page 12) of your renewal packet, which shows the number of clock hours of approved continuing education AREA has recorded for you, if any, based upon your attendance at AREA Conferences and/or approvals you've previously submitted/received from AREA for pre- and post-attendance of non-AREA continuing education. If **FORM B** indicates you have accrued 45 clock hours, simply return the completed **FORM A** and **FORM B** to the AREA address.
- ☐ If **FORM B** shows *less* than the required 45 clock hours, complete and return **FORM C** (page 13), including back-up documentation for unverified clock hours, along with the completed **FORM A** and **FORM B**. (Refer to the detailed description of the documentation and submission process under Option 1 in the Overview (page 2). **DO NOT** send your continuing education documentation separately.

**Option 2: Re-examination and attainment of a passing score.** If you are renewing your certification through re-examination, please follow the instructions below:

- ☐ Complete the Certification Renewal Application in its entirety (**FORM A**, pages 9-11) (all questions must be answered), sign and remit with proper fees.
- ☐ Indicate on **FORM A** (page 10) your desire to renew your credential by re-examination. To maintain your certification status through re-examination, **the application and fee must be returned to AREA postmarked no later than December 31<sup>st</sup>.**

**Regardless of which renewal option you select, you must comply with ALL deadline dates.**

## **CODE OF STANDARDS AND ETHICS**

### **AMERICAN REHABILITATION ECONOMICS ASSOCIATION**

#### **PREAMBLE**

This Code of Professional Standards and Ethics has been developed by the Ethics Committee of the American Rehabilitation Economics Association, to guide its members in providing the range of forensic services that are specific to the expert giving vocational and/or economic opinion in litigation.

Cases involving serious injury or loss, both from a past and future perspective, continually challenge our ability to combine knowledge and experience in the fields of medical and vocational rehabilitation, applied economics and law, in the calculation of damages.

The American Rehabilitation Economics Association, herein known as AREA, recognizes the growing importance of this task, and the need to develop the highest standards for service delivery, work product, and overall level of professionalism.

Whether retained on a consultative or expert witness basis, our membership shall use only the most reliable methods relevant to the case in question based on objective facts, based on careful research, when arriving at conclusions. All information should be presented in non-partisan form, to preserve the integrity of our craft, and bring credit to our discipline.

Forensic practitioners affiliated with AREA accept responsibility for complying with the Ethical and Technical Standards set by this organization. We do so with an increasing commitment to the application of Rehabilitation Economics in trial settings, and with an understanding of our primary roles as educators.

#### **THE CODE OF ETHICS**

The Code of Ethics consists of two sections: the Standards for Service Delivery, and the Rules of Professional Conduct. Both sections represent the minimum acceptable level of ethical behavior required of each AREA Member. The following ethical standards and principles are designed to act as guidelines to direct the vocational and/or economic expert's performance, but in no way are they to be considered an exhaustive formula for ethical behavior. Rather, the professionals who accept these standards recognize that their reputation for ethical behavior enhances both their practice and the profession as a whole. These standards are a means to that end.

#### **STANDARDS FOR SERVICE DELIVERY**

- 1) The provision of services and the submission of reports shall respond to the purpose of the referral. Forensic practitioners have the responsibility to identify the nature and extent of services to be provided before proceeding. Members offer accurate and complete representation of their professional and educational qualifications.
- 2) The opinion and/or testimony of an AREA Member shall be limited to the fields of expertise that Member has demonstrated on the basis of education, training, and experience in using applied rehabilitation and/or economic techniques. Members are aware of the limitations of their competence and attempt only those services for which they are qualified. They realize that competency is a result of continuous education, and are diligent to keep themselves informed of current theories, methods, and research.

### **STANDARDS FOR SERVICE DELIVERY** (*continued*)

- 3) Defense of work product, whether in verbal or written form, shall be presented in a manner that demonstrates competency in outlining the relevant vocational/economic issues. Simple, understandable language should be used to describe methodology, sources of information, and conclusions.
- 4) The member has an obligation to withdraw from a referral relationship, if it will result in a violation of the Ethical Standards of AREA, or if it is felt to be inconsistent with the spirit of those Standards. Members will not knowingly place themselves in a situation or relationship which has the potential for clouding their objectivity and creating a conflict of interest.
- 5) Members shall adhere to all tenets of the doctrine of client confidentiality. Disclosures of information during the litigation process shall be restricted to what is relevant, necessary and verifiable, with respect to the involved client's right to privacy.
- 6) Members will assure they have all foundational evidence and information required to render a fair and defensible opinion. It is incumbent on members to thoroughly analyze and consider all applicable data, and conduct independent research of their own, when forming conclusions. Members must guard against the misuse, distortion, or suppression of the data which they present. They accept the responsibility to correct those who misuse, distort, or suppress these data.
- 7) All Members shall maintain a current Vitae, reflecting pertinent data on the education, training and experience that qualifies them as a forensic vocational and/or economic expert.
- 8) Members shall not accept cases on any contingency basis. While liens are eschewed they are sometimes standard practice in particular trial settings, *e.g.*, WCAB. Full payment of liens is required upon case resolution and is never contingent on outcome or awards.
- 9) In forecasting damages, members are to utilize accepted vocational and economic methodology when addressing discount and growth rates, present value, rate of benefits, worklife capacity, etc., as appropriate to the case and its local jurisdiction.
- 10) Members respect and uphold the legal and civil rights of those individuals whom they evaluate. Sexual overtures and intimacies of any nature within a professional setting are unethical.

### **RULES OF PROFESSIONAL CONDUCT**

- 1) Members shall render only those services which they are technically competent and qualified to perform.
- 2) Members shall act with integrity regarding colleagues in rehabilitation economics and other professions. AREA members will refrain from actively soliciting case specific business from a referral source if that source has previously retained another professional.
- 3) When appropriate, Members shall provide adequate orientation/information to clients, so that the results of any physical capacity assessment or vocational testing can be placed in the proper perspective, with other factors relevant to the development of the economic loss picture. Members inform their clients and those whom their clients represent of the purposes, methods, and goals of all tests and procedures. Special care shall be taken of such orientation in the case of minors.
- 4) Members shall avoid even the appearance of impropriety, in the performance of their professional services. Questions of fee payment are discussed and agreed upon at the outset of any consulting relationship. Contingency fees or payment based on an award are unethical.

**RULES OF PROFESSIONAL CONDUCT** (*continued*)

Whenever there is questionable certainty, Members should refrain from the specific activity or type of conduct, until the matter is clarified. An opinion from the Executive Committee or a fellow AREA Member should be sought at that time.

- 5) Members should not accept more cases than what is both feasible and ethical, to render timely and objective findings. When a member can no longer be of use to a client, he or she should not continue a consulting relationship. If possible, the member refers the client to another professional who is better able to provide the service or product needed by the client.
- 6) Members shall keep abreast of new developments, case law, concepts, trends and practices that are essential to the maintenance of technical competency and informational congruency.
- 7) Each Member shall be prepared to report on applicable areas of training and continuing education they have taken in connection with their craft, upon the request of any party to the litigation.
- 8) Professional files, records and reports are to be kept under conditions of security, and provision shall be made for their destruction when appropriate. Likewise, Members shall thoroughly brief all non-professional persons who must have access to the client's records, about the confidential standards to be observed.
- 9) Persons holding the designation of Certified Earnings Analyst (CEA), Certification in Rehabilitation Economics (CRE), Registered Forensic Vocational Expert (FVE), or Registered Forensic Economist (RFE) are expected to honor the responsibility and respect the limitations placed on the use of the selected credential, and act accordingly. The certification process for CRE ended as of 4/15/94. AREA members previously certified with this designation (CRE or CEA) shall maintain this certification as long as they maintain membership in AREA, are current with required CEUs, [attendance requirements \(please see Options 1 and 2 on page 1 of this PDF\)](#), renewal payments, and adhere to the Code of Ethics [and Rules of Professional Conduct](#) of AREA.
- 10) Insofar as the most basic responsibility of vocational economics experts is the accumulation and interpretation of data, the utmost care must be taken to ensure the integrity of the testing procedures and the testing instruments that are used.
  - A. Members must offer a full and comprehensive orientation for all to whom tests are administered.
  - B. Members are responsible for verifying the validity and reliability of any tests, which they administer in the course of providing services or conducting research.
  - C. Members report the results of their tests fully, acknowledging in particular any reservations which they might have with the procedures or the results. They recognize that some tests require special training and therefore do not administer or interpret any test, which they are not qualified to administer.
  - D. Members acknowledge that the chief duty of their profession is not merely the accumulation of data, but equally important is the interpretation of that data. They will therefore take special care to ensure that their interpretations are supported by sufficient data.
  - E. Members take special care in the interpretation of data concerning individuals from groups outside of test norms.
- 11) Credit in all publications is ordered in accordance with the contribution made by each contributor, with the chief contributor listed first. Acknowledgements of previous, pertinent research, unpublished as well as published, that has influenced the work must appear in specific citations.

**RULES OF PROFESSIONAL CONDUCT** (*continued*)

- 12) Members do not simultaneously submit manuscripts that are identical or essentially similar in content to two or more journals. Manuscripts that have been previously published in whole or in major part may not be republished without a statement acknowledging the permission of the original publisher.
- 13) When advertising services or products, members may not present membership in AREA as an endorsement of this service or product, through either direct statement or implication. Members must also avoid any statement which, through omission or commission, is misleading or misrepresentative in any way.
- 14) Members recognize their responsibility to act at all times in an ethical fashion, and willingly remove themselves from any professional relationship that is unethical. If a member is aware of any unethical relationship or practice involving another member, he or she will first attempt to make that member aware of the unethical nature of the relationship or practice and strive to correct the situation. Only after such an effort has failed will he or she report the relationship or practice.
- 15) A signed Ethics Renewal statement shall be submitted annually. Otherwise, certification, registry and professional membership designations are considered null and void.
- 16) AREA members will respect the rights and reputation of the Association and its members when making oral or written statements. In those instances where they are critical of policies, they will attempt to effect change by constructive action within the Association.
- 17) No AREA member shall effectuate or participate in the wrongful removal of the Association's files or other materials, nor to take into personal ownership property of the Association. Materials prepared as part of the Association's work will be considered property of the Association.
- 18) AREA members will not write, speak, nor act in ways that lead others to believe that they are officially representing AREA, unless such written permission has been granted by the Association.

For persons or organizations who wish to notify AREA of a potential ethics complaint, please contact the AREA office at (619) 440-2650 or [area@gasvcs.net](mailto:area@gasvcs.net) to discuss the appropriate documentation.

### FORM A

#### CERTIFICATION RENEWAL APPLICATION

**ALL QUESTIONS ON THIS FORM MUST BE ANSWERED.**

AREA may rent its mailing list of certified practitioners to professional organizations and individuals for projects it deems appropriate, such as continuing education. Please indicate if you wish to be included in such mailings.

( ) Yes, you may include my name on the rental mailing list.

( ) No, I wish to be excluded from the list.

**PLEASE REVIEW YOUR CONTACT INFORMATION SHOWN BELOW  
AND MAKE ANY NECESSARY CHANGES AND ADDITIONS WHERE BLANK.**

1. Name: \_\_\_\_\_  
Last First Middle Initial

2. Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Web address: \_\_\_\_\_

3a. Do you require accommodations to take an exam because of religious reasons? YES \_\_\_\_ NO \_\_\_\_

3b. Do you require accommodations to take an exam because of a functional limitation? YES \_\_\_\_ NO \_\_\_\_

If yes to 3a or 3b, please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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4. CURRENT EMPLOYMENT SETTING (*check only one*)

- |                                                                        |                                                       |                                               |
|------------------------------------------------------------------------|-------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Government Rehabilitation Agency Field Office | <input type="checkbox"/> Public Accounting Firm       | <input type="checkbox"/> Public School System |
| <input type="checkbox"/> Private Non-Profit Rehabilitation Facility    | <input type="checkbox"/> Business or Industry         | <input type="checkbox"/> Insurance Company    |
| <input type="checkbox"/> Private (Proprietary) Rehabilitation Company  | <input type="checkbox"/> College or University        | <input type="checkbox"/> Private Practice     |
| <input type="checkbox"/> Medical Center or General Hospital            | <input type="checkbox"/> Financial Consulting Firm    | <input type="checkbox"/> Other (Specify)      |
| <input type="checkbox"/> State Rehabilitation Agency Facility          | <input type="checkbox"/> Workers' Compensation Agency |                                               |
- 

**Check the ONE option below you wish to use to renew your certification for another three years.**

1. ☐ **CONTINUING EDUCATION:** I wish to renew my certification by documenting clock hours of approved continuing education. Therefore, I will complete and send to **AREA** this Certification Renewal Application, all necessary Forms, as instructed on page 4, and related back-up documentation, postmarked no later than December 31<sup>st</sup>.
- ☐ Enclosed is the Application for Approval of Pre- and Post-Attendance of Non-AREA Continuing Education (**FORM D**, pages 14-16).
- ☐ Enclosed is a check payable to **AREA** totaling \$\_\_\_\_. This includes the fee of \$130.00 for certification renewal and \$\_\_\_\_ for pre- and post-approval non-AREA continuing education (\$20 for each approval application).
2. ☐ **RE-EXAMINATION:** Please schedule me for the next available AREA exam. (To maintain your certification status, the application and fee must be returned to AREA postmarked no later than December 31<sup>st</sup>.)
- ☐ Enclosed is a check payable to AREA in the amount of \$260.00.
- 

*I have read the AREA Code of Standards and Ethics (pages 5-8) and attest that I conduct my professional practice in an ethical manner and that all information in this application regarding my conduct is accurate and complete to the best of my knowledge.*

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Signature (required for recertification)

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Date

## REQUIRED

Answer the questions below by *circling* the appropriate response. If you answer YES to any questions except Number 6, you MUST attach an explanation and, if appropriate, a final decree.

- 1] Have you ever held a professional license or certification that was revoked, suspended, or voluntarily relinquished or been placed on probation by a professional licensure or credentialing body? **YES NO**
- 2] Have you ever been reprimanded or discharged by an employer or supervisor of dishonesty in connection with your employment or occupation? **YES NO**
- 3] Have you ever been convicted of a felony? (If yes, your explanation must state the facts in full, including date and location, nature of incident or proceeding, nature of original and any subsequent charges or accusations, case name and number, court, and status or disposition of the matter.) **YES NO**
- 4] Have you ever been convicted of violating any law or ordinance dealing with the use, possession, or sale of drugs or alcohol? (If yes, your explanation must state the facts in full, including date and location, nature of incident, or proceeding, nature of original and any subsequent charges or accusations, case name and number, court and status of disposition of the matter.) **YES NO**
- 5] Have you ever been convicted of violating any statute or ordinance dealing with sexual assault, abuse, molestation, indecent solicitation, obscenity, or similar acts or moral turpitude? (If yes, your explanation must state the facts in full, including date and location, nature of incident, or proceeding, nature of original and any subsequent charges or accusations, case name and number, court and status of disposition of the matter.) **YES NO**
- 6] Have you read and understood all provisions of the AREA Code of Professional Conduct in this application? (To qualify for re-certification, you must be able to answer yes truthfully.) **YES NO**

Grounds for immediate revocation of a certification include, but are not limited to: falsification of information; failure to maintain eligibility once certified or to pay required fees; misrepresentation of certification status; or cheating on the certification examination.



**AMERICAN REHABILITATION  
ECONOMICS ASSOCIATION**

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3739 National Drive, Suite 202

Raleigh, Nc 27612

Phone: 919.863.9488

Email [info@americanrehabecon.com](mailto:info@americanrehabecon.com)

Website: <https://americanrehabecon.com//>

**FORM B**

|                                    |
|------------------------------------|
| <b>CONTINUING EDUCATION REPORT</b> |
|------------------------------------|

The following report lists the amount of continuing education you have accrued to date:

0.00

0.00

0.00

**GRAND TOTAL:**

**0.00**

# AREA

## AMERICAN REHABILITATION ECONOMICS ASSOCIATION

PO Box 19941, San Diego, CA 92159

Phone: 619.440.2650 Fax: 619.839.3817

Email: [area@gasvcs.net](mailto:area@gasvcs.net)

Website: <https://americanrehabecon.com/>

### FORM C

#### UNVERIFIED CLOCK HOURS

Please print or type. Forty-five (45) hours required over the past three-year period.

*Attach back-up documentation, including copy of syllabus and proof of completion signed by person in authority.*

Member Name: \_\_\_\_\_

| Activity Type * | Name of Activity | Sponsoring Individual or Organization | Description of Content | Dates Attended | Hours Earned | Office Use Only |
|-----------------|------------------|---------------------------------------|------------------------|----------------|--------------|-----------------|
|                 |                  |                                       |                        |                |              |                 |
|                 |                  |                                       |                        |                |              |                 |
|                 |                  |                                       |                        |                |              |                 |
|                 |                  |                                       |                        |                |              |                 |
|                 |                  |                                       |                        |                |              |                 |

\* e.g., college course, workshop, seminar, in-service training, presentation you gave, research or self-study



**AMERICAN REHABILITATION  
ECONOMICS ASSOCIATION**

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3739 National Drive, Suite 202

Raleigh, Nc 27612

Phone: 919.863.9488

Email [info@americanrehabecon.com](mailto:info@americanrehabecon.com)

Website: <https://americanrehabecon.com/>

**FORM D**

**APPLICATION FOR APPROVAL OF PRE- AND POST-ATTENDANCE  
OF NON-AREA CONTINUING EDUCATION**

**MAKE MULTIPLE COPIES OF THIS FORM BEFORE COMPLETING IT.**

---

AREA Certificate Number

---

Last Name

---

First Name

---

Middle Name

---

Daytime Telephone # (with area code)

---

Street Address

---

City and State

---

Zip Code

---

FAX # (with area code)

---

Email address

---

Program Title

---

Program Location (city and state)

---

Sponsoring Organization

---

Program Dates

---

Program Instructors

---

Clock Hours Requested

You must identify the Primary Focus Area of your continuing education activity by completing the Primary Focus Area Checklist on page 16).

Describe how this continuing education activity relates to that focus area.

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**Form D: Application for Approval  
of CE Attendance (continued)**

Check the title that most accurately describes the activity:

- ☐ Conference                      ☐ Symposium                      ☐ Home Study  
☐ Workshop                      ☐ Worksite                      ☐ Self-Study (*see criteria below*)  
☐ Seminar                      ☐ Distance Learning                      ☐ College or University

**CRITERIA FOR SELF-STUDY:**

The maximum number of hours that will be considered for Self-Study is 20 hours for the 3-year cycle. Out of the total of 45 hours, only 20 will be allowed for Self-Study. Examples of Self-Study include, but are not limited to, writing an article, writing a book, writing a chapter for a book, participation on a professional board of a relevant organization that in some way deals with rehabilitation or economics, or both, broadly defined, curriculum development, development of in-house training programs, professional conference presentations, editorial review work for a publication, research relating to rehabilitation or economics or both.

**Proof of the above will need to be submitted as follows:** For curriculum, a list of reference material and a copy of the course syllabus; for presentations, a list of reference materials used and a copy of the printed program listing the presenters or a letter from the sponsoring organization confirming the presenter; for an article, chapter or book, a copy of such item; for participation on a professional board, a letter from the president, or another officer of the board if the applicant is the president, confirming the person's participation and verifying the number of hours requested as continuing education credit; for editorial review work, a letter from the chief editor verifying the number of hours requested; for an in-house training program, the syllabus and reference materials and a letter from the president or director of the training program verifying the activity; for research, a copy of the document or data or report.

If the program you attended did NOT have prior approval from AREA, you must complete a SEPARATE form for each continuing education activity for which you seek certification renewal credit. A detailed program/agenda, verification of completion, and the non-refundable processing fee must accompany each application.

The fee for one request is \$20. Payment may be made by check or money order made payable to "AREA." All fees are non-refundable.

☐ Enclosed is the \$20 fee for each application (*e.g.*, if four applications, the fee would be \$80).

☐ Total amount enclosed is \$\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **PRIMARY FOCUS AREA CHECKLIST**

*Check the primary focus areas that apply to the activity for which you are seeking approval.*

☐ Ethical standards for rehabilitation counselors, life care planners or economists

### **Vocational Counseling and Employer Consultation Services**

- |                                                                          |                                                                         |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Planning for vocational rehabilitation services | <input type="checkbox"/> Job modification and restructuring techniques  |
| <input type="checkbox"/> Physical functional capacities of individual    | <input type="checkbox"/> Theories of career development/work adjustment |
| <input type="checkbox"/> Occupation and labor market information         | <input type="checkbox"/> Accommodation and rehabilitation engineering   |
| <input type="checkbox"/> Job placement strategies                        | <input type="checkbox"/> Supported employment services and strategies   |
| <input type="checkbox"/> Job analysis                                    | <input type="checkbox"/> Computer applications and technology           |

### **Medical and Psychosocial Aspects of Disability**

- |                                                           |                                                                          |
|-----------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Medical aspects and implications | <input type="checkbox"/> Psychological and cultural impact of disability |
|-----------------------------------------------------------|--------------------------------------------------------------------------|

### **Individual and Group Counseling**

- |                                                                        |                                                                       |
|------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Individual counseling practices/interventions | <input type="checkbox"/> Family counseling theories                   |
| <input type="checkbox"/> Behavior and personality theory               | <input type="checkbox"/> Group counseling practices and interventions |

### **Program Evaluation and Research**

- |                                                                       |                                                                        |
|-----------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Evaluation procedures for assessing services | <input type="checkbox"/> Basic research methods                        |
| <input type="checkbox"/> Rehabilitation research literature           | <input type="checkbox"/> Design of research projects, needs assessment |

### **Case Management and Service Coordination**

- |                                                                          |                                                                            |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Case management process                         | <input type="checkbox"/> Planning for independent living services          |
| <input type="checkbox"/> Community resources and services                | <input type="checkbox"/> Organization structure/public rehab program       |
| <input type="checkbox"/> Financial resources for rehabilitation services | <input type="checkbox"/> Organization structure/non-profit delivery system |

### **Family, Gender and Multicultural Issues**

- |                                                                   |                                                      |
|-------------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Societal issues, trends and developments | <input type="checkbox"/> Gender issues               |
| <input type="checkbox"/> Multicultural counseling issues          | <input type="checkbox"/> Family counseling practices |

### **Foundations of Rehabilitation (Canada – Social Policy as It Relates to Individuals with Disabilities)**

- |                                                                       |                                                                      |
|-----------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Laws affecting individuals with disabilities | <input type="checkbox"/> Philosophical foundations of rehabilitation |
|-----------------------------------------------------------------------|----------------------------------------------------------------------|

### **Forensics**

- |                                                                  |                                                     |
|------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Workers' compensation law and practices | <input type="checkbox"/> Railroad law and practices |
| <input type="checkbox"/> Expert testimony                        | <input type="checkbox"/> Civil law and practices    |

### **Environment and Attitudinal Barriers**

- |                                                                            |                                                 |
|----------------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Attitudinal barriers – individuals w/disabilities | <input type="checkbox"/> Environmental barriers |
|----------------------------------------------------------------------------|-------------------------------------------------|

### **Assessment**

- |                                                               |                                                                        |
|---------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Interpretation of assessment results | <input type="checkbox"/> Test and evaluation techniques for assessment |
|---------------------------------------------------------------|------------------------------------------------------------------------|

### **Economics/Finance**

- |                                           |                                                  |
|-------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Earning capacity | <input type="checkbox"/> Labor market access     |
| <input type="checkbox"/> Worklife         | <input type="checkbox"/> Annuities               |
| <input type="checkbox"/> Present value    | <input type="checkbox"/> Household services      |
| <input type="checkbox"/> Discount rates   | <input type="checkbox"/> General economic theory |