

**Training Request Form**  
(Attach with first page Training Request Form)

**\*\*Must be received by Training Unit SIX WEEKS PRIOR to training for consideration. Copy of documentation and/or pamphlet listing date, time, fees, etc. MUST be attached. \*\*** Revised 2-06

Date Request Submitted: <u>07/31/12</u>		
Name: Philip A. Kerne IV, Ph.D.		
Title of Conference/Workshop: American Academy of Forensic Psychology/ Developmental Pathways to Severe Antisocial & Aggressive Behavior; Mental Illness, Violence, and Coercion; Effective and Ethical Expert Testimony		
Conference/Workshop Date(s): <u>09/06/12, 09/07/12, and 09/08/12</u> Training Hours: 21		
Trainer/Sponsor: American Academy of Forensic Psychology Continuing Education Programs		
Location: San Francisco, California		
<b>Expenses:</b>		
Registration Fee: \$485.00		
Will vendor bill the department: <u>No</u> If yes, give the billing information below: Name: _____ Address: _____ City/State/Zip: _____ Phone: _____	Is there a billing deadline? <u>Yes</u> Deadline date: <u>08/14/12</u>	
Subsistence: Meals <u>n/a</u> day(s) x \$36.00/day Room <u>n/a</u> day(s) x \$_____/day(s)	N/A N/A	
<b>Subsistence Total:</b>		
Travel: Automobile _____ miles x _____ Airfare _____	\$N/A \$n/a \$N/A	
<b>Travel Total:</b>		
<b>TOTAL COST</b> (registration fee, subsistence and travel total)	\$485.00	
<b>What are the anticipated benefits for you and the department? <u>CEU's needed for Psychologist license</u></b>		
I understand that once I am approved to attend this conference/workshop, I am required to attend all sessions as per the program schedule.		
Your signature <u>Philip A. Kerne IV, Ph.D.</u>		
Supervisor Signature <u>[Signature]</u>	Date Signed <u>7/31/12</u>	Approved <input checked="" type="checkbox"/>
Training Coordinator Signature <u>[Signature]</u>	Date Signed <u>8/2/12</u>	Approved <input checked="" type="checkbox"/>
Chief Juvenile Probation Officer Signature <u>[Signature]</u>	Date Signed <u>8/2/12</u>	Approved <input checked="" type="checkbox"/>
Approved <input checked="" type="checkbox"/>	Denied _____	<b>Late Approval</b>

# Contemporary Issues in Forensic Psychology

Parc 55 Wyndham  
55 Cyril Magnin Street  
San Francisco, California

September 5 - September 9, 2012

## APA Approved Continuing Education

The American Academy of Forensic Psychology is approved by the American Psychological Association to offer continuing education for psychologists. AAFP maintains responsibility for this program and its contents. Participants receive certificates documenting seven hours of Continuing Education for each workshop attended in its entirety.

AAFP Workshops are accepted as Professional Training by the American Board of Forensic Psychology and count as double credit toward the supervisory/continuing education requirement of applicants for the Diplomate (ABPP).

## Pricing

AAFP offers discounted prices for multiple workshops and for early registration:

**Register on or before August 14, 2012 and pay:**

\$185 for one workshop

\$350 for two workshops

\* \$485 for three workshops

\$610 for four workshops

\$700 for five workshops

## Prices as of August 15, 2012:

\$200 for one workshop

\$385 for two workshops

\$540 for three workshops

\$660 for four workshops

\$750 for five workshops

## Contact Information

- For additional information call (800)701-1952 or direct dial (860) 415-4714.

Email Us

## Payment Instructions

- We accept Mastercard, VISA, Discover, & PayPal for online registration or you may fax your registration and credit card information to us at (914) 674-2563.

If you would like to pay by purchase order, please call (800) 701-1952 for additional instructions. AAFP no longer accepts checks.

Fees include morning and afternoon breaks and extensive workshop materials.

If you cancel registration after **August 14, 2012**, a \$35 administrative fee will be assessed per workshop.

Additional discounts are available for full time students with proof of status.\*

For additional information about future workshops visit [www.aafpworkshops.com](http://www.aafpworkshops.com) or call the AAFP Continuing Education Office at 1-800-701-1952.

**\*To receive a student discount, please fax verification of your student status, a valid photo ID, and your registration confirmation to (914) 674-2563. Upon receipt of this information, you will receive a refund of 30%.**



*Fax 914-674-2563*

# American Academy of Forensic Psychology Continuing Education Programs

## San Francisco 12: Contemporary Issues in Forensic Psychology [\(View Details\)](#)

[Personal Information](#)  
 [Agenda](#)  
 [Hotel](#)  
 **[Checkout](#)**  
 [Confirmation](#)

### Details

Registrant	Email	Type	Actions
<a href="#">Philip Kerne</a>	jan.leonard@co.fort-bend.tx.us	General	• <a href="#">Make Changes</a>

#### Personal Information

**Registration ID:** 46334910

**Registrant:** Philip Kerne  
 Psychologist  
 Ft. Bend County  
 122 Golfview Dr  
 Richmond, TX 77469  
 United States

**Registration Date:** 8/6/2012 10:32 AM

**Type:** General

**Status:** Incomplete

**Work Phone:** 281-633-7400

**Fax:** 281-633-7345

**Email:** jan.leonard@co.fort-bend.tx.us

**Name as it would appear on a badge:** Philip A. Kerne

**ad source:** Have attended prior AAFP workshops

#### Agenda

##### General Early

Selection: Three workshops

\$485.00

Registrant	Email	Type	Actions
<b>Developmental Pathways</b>			
✓			
<b>Mental Illness, Violence, Coercion</b>			
✓			
<b>Expert Testimony</b>			
✓			
<b>Lodging &amp; Travel</b>			
<b>Lodging Information - Other</b>			
Hotel preference: NO, I will not be staying at the conference hotel.			

**Fees**

Fee	Quantity	Unit Price	Amount
<b>Fee</b>			
General Early			
--- Three workshops	1	\$485.00	\$485.00
Subtotal:			\$485.00
Total:			\$485.00

**Terms and Conditions**

Please remember, due to APA regulations, no partial CE credits can be awarded. You must attend a workshop in its entirety in order to receive any credit. Please plan your travel arrangements accordingly.

You agree to the terms and conditions

**Payment Method**

Select a payment method:

**Billing Information**

Credit Card Type:



\* Credit Card Number: ces.

\* Expiration Date:  -Month-  -Year-

\* Cardholder Name:

Enter cardholder name exactly as it appears on the credit card (letters only, no special characters).

Country:

\* Billing Address Line 1:

\* Billing City:

\* Billing State / Province:

You must enter a state or province for US or Canadian credit cards.

\* Billing Zip / Postal Code:

You must enter a postal code for US or Canadian credit cards.

**Refund Information**

If you cancel your registration after August 14, 2012 a \$35 administrative fee will be assessed per workshop.