



National Association of Forensic Counselors

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REFERENCE FORM

Applicant's Name: _____ Name of Reference: _____

TO BE COMPLETED BY ABOVE NAMED REFERENCE: Do not complete this form until all fields above are completed by applicant.

Thank you for taking the time to assist the applicant in the certification process. Please provide the following requested information. The above information should already be filled out by the applicant prior to you completing this form. Please return completed form to the applicant. Please be certain to provide the best daytime number where you can be reached to verify the information provided.

1. Are you related to the Applicant? Yes No

_____/_____/_____ Length of time you have known Applicant in a professional capacity?
Months Years

2. **FOR SUPERVISOR ONLY:** Length of Applicant's employment:

FROM: ____/____/____ TO: ____/____/____
MM YYYY MM YYYY

3. Yes No -- To your knowledge, has the applicant abused or misused alcohol or any other drugs, prescription or otherwise, while rendering professional service and character to their professional field?

4. Please provide feedback regarding the Applicant's professional ability to work in the profession applicable to the above listed NAFC Membership :

5. Yes No -- I give my favorable recommendation for this Applicant in connection with obtaining the above listed NAFC Membership

If you do not give your favorable recommendation for this Applicant, please tell us why:

Printed/Typed Name of Reference

Contact Phone No.

Current Position Held

Date

Revised April 21, 2017

