

STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES
700 West State Street, P.O. Box 83720
Boise, Idaho 83720-0063
(208) 334-3233

PROFESSIONAL EXPERIENCE REFERENCE

Dear *:

Candidate * has applied for a license to practice Psychology in the State of Idaho. The Idaho Board of Psychologist Examiners requires information from you in order to evaluate the character, training, and experience of the candidate. Please complete this form and return it directly to the address noted above. Please provide all information requested. Incomplete information will delay the processing of the applicant's file. (Please type or print.)

1. Reference name _____
2. How long have you known the candidate? _____
3. Please describe your relationship with the candidate: (check all appropriate boxes)
 Colleague Teacher Supervisor Personal acquaintance Other _____
4. If you are or were ever an employer, supervisor, or colleague of the candidate, please list the dates of that relationship: From _____ To _____, AND the candidate's title/position _____, AND the name of the organization _____
MM/DD/YYYY MM/DD/YYYY
5. Please indicate your knowledge of the candidate's:

	Thorough Knowledge	General Knowledge	Little Knowledge
Training	_____	_____	_____
Work Experience	_____	_____	_____
Abilities	_____	_____	_____
Personality	_____	_____	_____
6. If you can attest to a portion of candidate's work experience, please list the dates of that experience:
From _____ To _____
MM/DD/YYYY MM/DD/YYYY
7. Do you believe, on the basis of ethical conduct, personal character, technical competence, and professional judgment, the candidate is a credit to the profession of psychology? Yes No
(If No, please explain on a separate sheet)
8. From your knowledge of the candidate, please indicate the area(s) in which the candidate is competent to perform without supervision: (Please Double check the one main area of competence)
 - a. Clinical psychology Adults Children
 - b. Vocational counseling/guidance: Adults Children
 - c. Personal problem psychology
 - d. Human engineering problem psychology
 - e. Industrial problem psychology
 - f. Psychological research
 - g. Psychological consulting (Please list areas) _____
 - h. Other _____
9. Name & nature of the setting in which the candidate's supervised internship took place:

10. Do you have any reservations, not previously mentioned, about fully recommending this candidate for licensure as a Psychologist? Yes No
If Yes, please explain: _____

Supervisor's signature

date