



CHARACTER REFERENCE

Instructions to Applicant: Please sign the release of information and give to your reference to complete. Examples of acceptable references may include (not all inclusive) current and former supervisors, professors, professional colleagues, or other individuals who have direct observation of clinical performance. It is the policy of the ADSD to not accept character references from family members, subordinate employees, clients, or family of clientele of the applicant.

Character Reference (Name/Title)

Relation to Applicant

I authorize the exchange of any and all information pertaining to this document between the Character Reference and the ADSD. I understand that the information may be released to me by the ADSD, but not to the general public.

Applicant Signature

Applicant Printed Name

Date

Instructions to Character Reference: Please complete the portion below and return to the ADSD. Your accurate and timely provision of this information will greatly facilitate the application process. You may mail directly to the address at the bottom of this document, or email to ABABoard@adsd.nv.gov

1. During what period did you have contact with the applicant that you could form an impression of his/her ability to carry out professional responsibilities? From: Month/Year _____ To: Month/Year _____

2. What was the nature of your relationship: _____

3. Describe the behavior analytic duties the applicant performed, of which you had direct knowledge:

4. In your opinion, did the applicant at any time or in any way show evidence of behavior, judgement, or performance problems, or other characteristics which would give rise to any question or doubt of his/her suitability for licensure? Yes No

Under penalty of perjury, I herewith affirm that the information supplied herein is, to the best of my knowledge and belief, true and accurate.

Character Reference Signature

Date

Phone Number