

DEPARTMENT OF HEALTH AND HUMAN SERVICES





Dena Schmidt Administrator

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 infor understand that the information may be releas			
 Applicant Signature	- Applicant Printed Nan	ne	 Date
Instructions to Character Reference: Pleas of this information will greatly facilitate the apprenail to ABABoard@adsd.nv.gov			
During what period did you have contact wit responsibilities? From: Month/Year			
2. What was the nature of your relationship:			
3. Describe the behavior analytic duties the ap	oplicant performed, of whic	h you had direct knowledg	e:
4. In your opinion, did the applicant at any time characteristics which would give rise to any qu			
Under penalty of perjury, I herewith affirm true and accurate.	n that the information su	upplied herein is, to the	best of my knowledge and belief,
Character Reference Signature	Date	Phone N	Number