

STEVE SISOLAK
Governor



RICHARD WHITLEY, MS
Director

DENA SCHMIDT
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES
3416 Goni Road, Suite D-132
Carson City, NV, 89706
Telephone (775) 687-4210 • Fax (775) 687-0574
<http://adsd.nv.gov>

Reference Letter

Instructions to Applicant: Please complete the following and submit directly to the reference for return to ADSD. 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.

Please note: It is the policy of ADSD to not accept character references from family members, subordinate employees, clients or family of clientele of the applicant.

Personal Reference (Name/Title)

Applicant (Name)

Street Address

Street Address

City, State, ZIP

City, State, ZIP

Applicant

Date

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

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Instructions to Reference: The applicant has applied for licensure with the State of Nevada and has identified you as a person with knowledge of his/her character and qualifications. Your accurate and timely provision of this information directly to ADSD will greatly facilitate the application process.

Personal Reference (Name/Title)

Applicant (Name)

(Please print or type – Use additional sheet(s) if necessary)

1. During what period did you have enough 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. How well did you know applicant during that period and in what context?		
4. Describe below the Behavior analytic duties which applicant performed and of which you had direct knowledge.		
5. In your opinion, did this 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, accurate, and complete.

Signed

Title and Organization

Date

State of

(Notary Stamp)

County of

Signed and sworn to (or affirmed) before me on (Date)

Signature of Notary