

SUPERVISOR REPORT - THIS FORM IS CONFIDENTIAL

Name of Applicant: _____
Credential Applied for: _____

Instructions: _____ is applying for certification as a _____ from the Society for the Advancement of Sexual Health (SASH). You have been asked to provide a professional reference for this individual. The applicant has signed a waiver assuring that the information on this form will be held in confidence. Only those responsible for reviewing the application packet will review the information on this form. Please fill out the following form and • Email: executivedirector@sash.net • Fax: (1) 866-389-3974

Or mail it in a sealed envelope to

*SASH - ATTENTION CREDENTIAL COMMITTEE
P.O. Box 916
Acworth, GA 30101*

This form is to verify your supervision of the above-named applicant

Your Name: _____

Address: _____

City: _____ State: _____ Country: _____

Postal Code: _____ Phone: _____

Email: _____

License and
Credentials: _____

Length of time you have known the applicant. _____

How well do you believe you know this applicant? ___ Not very well ___ well ___ very well

Please describe the nature of your relationship to the applicant.

Describe the work of the applicant in the area of

Please submit a brief recommendation of why you would/would not support the applicant being certified as a _____ based on your supervision of the applicant.

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Do you have any reason to doubt the applicant will be ethical in their duties as a clinician? yes no

Do you know of any condition that might impair the applicant in working with clients? yes no
If yes, please explain.

I supervised the above applicant from _____ (month/year) to _____ (month/year).

_____ *Based upon my supervisory experience, I recommend this applicant for certification*

_____ *Based upon my supervisory experience, I do not recommend this applicant for certification*

Supervisor Signature

Date