

PROFESSIONAL REFERENCE- THIS FORM IS CONFIDENTIAL

Name of Applicant: \_\_\_\_\_  
Credential Applied for: \_\_\_\_\_

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*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: credential@sash.net Or mail it in a sealed envelope to*

*SASH - ATTENTION CREDENTIAL COMMITTEE*

*P.O. Box 916*

*Acworth, GA 30101*

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

Your Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal

Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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 knowledge of the applicant.

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Would you refer individuals to the applicant?    *yes*                      *no*

Do you know of any condition that might impair the applicant in working with clients?    *yes*                      *no*

*If yes, please explain.*

\_\_\_\_\_ *Based upon my knowledge of the applicant, I recommend this applicant for certification*

\_\_\_\_\_ *Based upon my knowledge of the applicant, I do not recommend this applicant for certification*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date