

**STATE OF NEVADA
BOARD OF PSYCHOLOGICAL EXAMINERS**

4600 Kietzke Lane, Bldg. B-116, Reno, NV 89502 (775)688-1268 FAX (775)688-1060

nbop@govmail.state.nv.us

INSTRUCTIONS TO APPLICANT: Please complete the following and submit directly to the reference for return to the Board Office.

Please Note: *It is the Policy of the Board to not accept character references from family members, supervisors, 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

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

Applicant	Date
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Instructions to Reference: The above 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 the Board will greatly facilitate the application process.

Character Reference

(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) _____

Name of person making statement By

Signature of Notary