



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
7 Eagle Square, Concord, NH 03301-4980  
Phone: 603-271-2152

**BOARD OF PSYCHOLOGISTS**  
**PROFESSIONAL REFERENCE FORM**

**SECTION TO BE COMPLETED BY APPLICANT**

I am applying for a License as a Psychologist in New Hampshire. The New Hampshire Board of Psychologists requires professional references. **This is your authority to release any information you have in your file favorable or otherwise.**

(Please print legibly)

Name \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

**Forward form to Reference who shall return completed form to applicant in a signed sealed envelope.**

**TO BE COMPLETED BY REFERENCE:**

Professional relationship to applicant \_\_\_\_\_

Length of time you've known applicant: From (Mo/Yr) \_\_\_\_\_ to (Mo/Yr) \_\_\_\_\_

Please provide a brief description of your knowledge of the applicant's professional and ethical behavior.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title of applicant's position and name of organization where he/she was employed when you worked with him/her \_\_\_\_\_

Brief description of applicant's duties & responsibilities: \_\_\_\_\_

\_\_\_\_\_

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Area of applicant's specialties: \_\_\_\_\_

Do you attest and certify that the applicant is an individual of good moral character?

Yes       No

If No, please explain, must attach additional sheets \_\_\_\_\_

If you are aware that the applicant has:

Been or is the subject of any malpractice or civil suit involving the practice of their profession, or if they have been charged or convicted of a crime in any state or country; the disposition of which was other than acquittal or dismissal; or

If there have been or are any complaints or charges of violation of the ethical codes, professional misconduct, unprofessional conduct, incompetence or negligence made or pending against them; or

That they have ever been required to surrender their license/certification or have been found guilty of, or

Have entered into a consent decree regarding a violation of ethics codes, professional misconduct, unprofessional conduct, incompetence or negligence in any state or country by any licensing board or professional ethics body;

Please clarify those circumstances and the current status of the applicant (use additional sheets). \_\_\_\_\_

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Quality and extent of your endorsement:

Without Reservation       With Reservation       No Recommendation

If you checked "With Reservation" or "No Recommendation" please elaborate (attach additional sheets if needed)

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**This form is to be returned to the applicant in a Signed Sealed Envelope.**

Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_

(Please Print)

Name \_\_\_\_\_

Title \_\_\_\_\_ Degree \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

State \_\_\_\_\_ License Number \_\_\_\_\_

If Licensed/Certified (Specialty) \_\_\_\_\_

\_\_\_\_\_