

**STATE OF NEW HAMPSHIRE
BOARD OF PSYCHOLOGISTS**

7 Eagle Square Suite 300
Concord, NH 03301
(603) 271-2152

Professional Reference Form

TO BE COMPLETED BY APPLICANT AND FORWARDED TO THE REFERENCE:

I am applying for licensure as a Psychologist in the State of 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. RETURN TO APPLICANT IN A SIGNED SEALED ENVELOPE.**

(Please print legibly)

Name _____ Address _____

Signature _____ Date _____

TO BE COMPLETED BY REFERENCE:

Professional relation 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 he/she was employed at when you worked with them _____

Brief description of applicant's duties & responsibilities: _____

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 _____

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 below.

Quality and extent of your endorsement:

Without Reservation With Reservation No Recommendation

If you checked "With Reservation," please elaborate _____

THIS FORM IS TO BE RETURNED TO THE APPLICANT IN A SIGNED SEALED ENVELOPE.

Signature of Reference _____ Date _____

(Please Print)

Name _____

Address _____

Phone Number _____ Title _____ Degree _____

Licensed/Certified (Specialty) _____ State _____

License Number _____