# RECOMMENDATION FORM FOR LICENSURE AS A PSYCHOLOGICAL ASSOCIATE

If the reference elects not to use this form, all questions should be addressed in the recommendation letter submitted.

## Name of Applicant:  
_______________________________________________________________________________________________

### 1. What is the length of time and capacity within which you have known the applicant?
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_______________________________________________________________________________________________

### 2. Describe the applicant’s professional knowledge in general psychology and in particular the major field of interest.
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_______________________________________________________________________________________________

### 3. Describe the applicant’s competence in the application or practice of psychology.
_______________________________________________________________________________________________
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_______________________________________________________________________________________________

### 4. Describe the applicant’s ability to function professionally in cooperation with other psychologists or with other members of the community.
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

### 5. Describe the applicant’s understanding of and acceptance of responsibility in matters of professional ethics. Please include any indications of deviation from expected behavior.
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_______________________________________________________________________________________________

### Comments:
_______________________________________________________________________________________________
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Printed Name  
Signature

Institution  
Title

Degree Held  
Date