



KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

P.O. Box 1360, Frankfort, KY 40602 (Regular Mail)
500 Mero St., 2 SC 32, Frankfort, KY 40601 (Courier/Special Delivery)
Phone: (502) 782-8812 ~ Fax: (502) 564-4818 ~ <http://psy.ky.gov>

RECOMMENDATION FORM FOR LICENSURE AS A PSYCHOLOGIST

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?

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

3. Describe the applicant's competence in the application or practice of psychology.

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.

Comments:

Printed Name	Signature
Institution	Title
Degree Held	Date