



KENTUCKY BOARD OF EXAMINERS OF PSYCHOLOGY

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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.

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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:

Printed Name	Signature
Institution	Title
Degree Held	Date