

West Virginia Board of Examiners in Counseling

1-800-520-3852

Email: rclay27@msn.com

PROFESSIONAL RECOMMENDATION-LPC

Attach a copy of your current master's professional license with this recommendation

Applicant's Name: _____

Social Security: XXX-XX-_____

Dear Colleague:

The person listed above has applied to the West Virginia Board of Examiners in Counseling to become a licensed professional counselor. Your objective rating will enable the Board to evaluate whether this applicant meets its standards. All applicants have a right to review their file.

Please Print or Type

Rater's Name: _____ **Position:** _____

Address: _____
 Box or Street Address **City** **State** **ZIP**

Telephone: _____ **Email Address:** _____

Professional License: LMFT LPC Licensed SW Licensed Psychologist Licensed Psychiatrist

State: _____ **Number:** _____ **Date License Issued:** _____ **Date License Expires:** _____

Years applicant known? _____ **Relationship to applicant:** _____
(Must be at least 1 year)

Rate your familiarity with applicant as a professional counselor: Slight Moderate Very Well

Rate applicant's ability to deal with sensitive, personal problems. Low Moderate High

If a close friend or relative of yours chose to see applicant for professional counseling, what would be your attitude? Disapprove Approve Highly Approve

List applicant's most important assets as a professional counselor:

List areas where applicant may need additional development:

RATING

Please rate the applicant compared to practitioners you know on the following characteristics:

	POOR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
Personal Integrity.....	1	2	3	4	5
Recognition of own limitations.....	1	2	3	4	5
Acceptance of creative criticism.....	1	2	3	4	5
Motivation to learn.....	1	2	3	4	5
Sense of humor.....	1	2	3	4	5
Commitment to profession.....	1	2	3	4	5
Ethical/Professional conduct.....	1	2	3	4	5
Reputation with professional colleagues	1	2	3	4	5
Concern for welfare of clients.....	1	2	3	4	5
Individual counseling skills.....	1	2	3	4	5
Group counseling skills.....	1	2	3	4	5
Marriage & Couple Counseling skills.....	1	2	3	4	5
Assessments skills.....	1	2	3	4	5
Ability to make appropriate referrals.	1	2	3	4	5
Consulting Skills.....	1	2	3	4	5
Potential as a counselor.....	1	2	3	4	5
Ability to treat privileged material Professionally.....	1	2	3	4	5

Please use this space for additional comments and to explain poor or below average selections:

Rater's Signature

Date Completed

Place completed form and a **copy of your current professional license**, in letterhead envelope, seal and **place your signature across the seal** and return to the applicant.