

West Virginia Board of Examiners in Counseling

1-800-520-3852

Email: rclay27@msn.com

PROFESSIONAL RECOMMENDATION

NEED TO ATTACH A COPY OF YOUR CURRENT 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:** LPC Licensed Social Worker Licensed Psychologist Licensed Psychiatrist

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

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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 |
| 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.

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.