

The Commonwealth of Massachusetts  
**Division of Professional Licensure**  
Board of Registration of Allied Mental Health and  
Human Services Professions  
1000 Washington Street, Suite 710  
Boston, MA 02118-6100

### **PROFESSIONAL REFERENCE FORM**

**INSTRUCTIONS: All applicants must submit a minimum of TWO professional references. Please duplicate this form as necessary and provide it to your post-master's supervisor, as well as, your most recent supervisor (if this is also your post-master's supervisor, then provide it to your next most recent supervisor). PLEASE PRINT CLEARLY OR TYPE AND SUBMIT ORIGINAL SIGNED DOCUMENT.**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
(applicant's name) (reference's name)  
(hereinafter "the reference") to provide the Board of Registration of Allied Mental Health and Human Service Professionals with all information of any kind that the reference may, in his or her absolute discretion, deem relevant to my qualifications as an applicant. I hereby release and discharge the professional reference from all claims arising out of the provision of such information.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remainder of Form to be completed by Approved Supervisor

General information for references completing this form:

- The Board assumes that you, in recommending this applicant, will be willing to interpret or to substantiate to the Board your recommendation, should the Board desire to contact you. The Board will keep all information confidential to the maximum extent permitted by law.
- Complete this reference form only if the applicant has signed the above waiver of liability.

Reference's name: \_\_\_\_\_ Title: \_\_\_\_\_

Reference's license type: \_\_\_\_\_ License number/Jurisdiction: \_\_\_\_\_

Length of time the reference has known the applicant: from \_\_\_\_\_ to \_\_\_\_\_

1.) Extent of knowledge of applicant's professional and ethical behavior:

☐ Thorough ☐ Moderate ☐ Limited

2.) Based on my experience, to the best of my knowledge, the applicant is an individual of good moral character:

☐ Yes ☐ No (if no, please explain on a separate sheet)

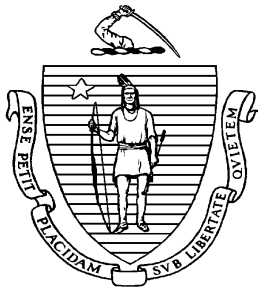
3.) Quality and extent of endorsement:

☐ Without reservation ☐ With reservation ☐ No recommendation

(if "with reservation" or "no recommendation", please explain on a separate sheet)

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date



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