

Professional Reference



Important note: To be completed only by persons with a Master's degree and are familiar with applicant's counselling skills.

The person named below has applied to the College of Counselling Therapists of New Brunswick (CCTNB) to become a Licensed Counselling Therapist – Candidate. Your assessment of the applicant's characteristics will enable CCTNB to evaluate whether this applicant meets its standards. Please be advised that this form may be subject to any freedom of information legislation.

Applicant Information

Name:	
Email:	Daytime Phone:

Referee Information

Full Name:	License #:
Profession: <small>Degree(s)</small>	<small>Profession Name / Profession Title</small>
Email:	Phone:

Attestation

How do you know the applicant? _____

Please indicate the time for which you can attest to this applicant's counselling skills.
 (This must represent practice within the past 10 years).

From: _____ mm/yy To: _____ mm/yy

Is there any reason that you should not be considered an appropriate refer
 (e.g., conflict of interest, lack of knowledge of applicant's clinical work as a counsellor)? YES NO

If yes, please explain: _____

Using the scale below, please rate the applicant compared to other counsellors you know or have known with similar counselling experience in the following 16 categories. **This section is not complete without a written explanation.**
 If you require additional space for your comments, please attach another page.

Categories	4	3	2	1	Provide an explanation for your rating. (If you cannot provide an evaluation in any category, use this space to explain the reasoning).
4- Outstanding 3- Above Average 2- Average 1- Below Average					
Individual counselling skills					
Group counselling skills					

Personal integrity					
Ability to establish and maintain an effective working relationship with client(s)					
Ability to relate to co-workers					
Ability to manage closure ending of therapy					
Ability to be objective on the job					
Sense of responsibility					
Ability to consult with other professionals					
Ability to refer to other professionals					
Recognition of own limitations					
Concern for welfare of clients					
Ability to work with diverse populations					
Ethical conduct – ability to keep information confidential					

If you have any concerns or remarks about this person's ability as a Licensed Counselling Therapist-Candidate that have not already been covered by the questions in section D, or you wish to make a summary statement about the applicant's competence to provide counselling therapy to clients, please use this space. (Attach an additional sheet if necessary.)

Recommendation

The following recommendation is based on my best judgement, and I am willing to answer additional questions concerning this evaluation should CCTNB deem it necessary.

- I recommend this applicant for approval as a Licensed Counselling Therapist-Candidate (LCT-C)
- I do not recommend this applicant for approval as a Licensed Counselling Therapist-Candidate (LCT-C)

Printed Name: _____ Date: _____

Signature: _____