

PROFESSIONAL RECOMMENDATION - MFT

Attach a copy of your current master's level 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 marriage and family therapist. 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 marriage and family therapy, what would be your attitude? Disapprove Approve Highly Approve

List applicant's most important assets as a marriage and family therapist:

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 therapy skills.....	1	2	3	4	5
Group therapy skills.....	1	2	3	4	5
Marriage & Couple therapy 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 therapist.....	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.