### COUNSELOR PROFESSIONAL REFERENCE FORMFOR:

(print applicant's name)

The applicant listed above is applying to the Upper Midwest Indian Council on Addictive Disorders (UMICAD) for certification as a Certified alcohol and Drug Counselor. References must be included as part of the application. We ask that you please **complete both sides** of this reference form and forward it to the Certification Board as soon as possible.

the UMICAD believes that certification should be based on input from a variety of sources including the observations of persons who have known the applicant **professionally**. For this reason, all applicants are required to list three persons who will complete this reference form. Your evaluation plus those received from others and the data furnished by the applicant will be used in determining eligibility for certification. The process is only as good as you and the others make it by careful and truthful reporting.

#### Please complete all information and return the evaluation form within one week. Your cooperation is very much appreciated

	PLEASE NOTE: In the scale listed below, a rating of:					
(Person completing reference form) please print or type	1 is equivalent to Poor 2 is equivalent to Fair					
Name:	3 is equivalent to Acceptable					
Title & Credentials:	4 Is equivalent to Good 5 is equivalent to Excellent					
Agency:						
Agency Address:						
	On the basis of your knowledge of the above named counselor, rate his/her skill in each area listed below.					
City/State/Zip	Circle the appropriate number or check the other box.					
Agency phone #						

Areas of Skill	Poor			Exc	ellent	Don't Know	Not Applicable
1. Common Sense	1	2	3	4	5		
2. Poise	1	2	3	4	5		
3. Enthusiasm	1	2	3	4	5		
4. Reliability	1	2	3	4	5		
5. Personal and Professional Honesty	1	2	3	4	5		
6. Empathy	1	2	3	4	5		
7. Ability to Work with Others	1	2	3	4	5		
8. Ethics	1	2	3	4	5		
9. Knowledge of AODA field	1	2	3	4	5		
10. Effectiveness of Counseling Approach and Techniques	1	2	3	4	5		
11. Appropriateness of Counselor - Counselee Relationships	1	2	3	4	5		
12. Communication Skills	1	2	3	4	5		

# I HEREBY CERTIFY THAT THIS RATING IS, TO THE BEST OF MY KNOWLEDGE, TRUTHFUL AND REFLECTS AS ACCURATELY AS POSSIBLE MY KNOWLEDGE OF THEAPPLICANT.

I have known the applicant listed on the other side for \_\_\_\_\_\_years. My relationship with applicant was/is

(indicate nature of relationship such as co-worker, colleague, etc.)

Signature

Date Signed

THE UMICAD CERTIFICATION BOARD, INC. RESERVES THE RIGHT TO REQUEST FURTHER INFORMATION FROM YOU CONCERNING THIS APPLICANT.

DO NOT RETURN THIS FORM TO THE APPLICANT! Return this form directly to:

# UMICAD

## PO BOX 1130

Bemidji, MN 56619 Ph. (218) 230-2622 FAX: (218) 319-8468