

SUPERVISOR REPORT - THIS FORM IS CONFIDENTIAL

Name of Applicant: \_\_\_\_\_  
Credential Applied for: \_\_\_\_\_

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*Instructions: \_\_\_\_\_ is applying for certification as a \_\_\_\_\_ from the Society for the Advancement of Sexual Health (SASH). You have been asked to provide a professional reference for this individual. The applicant has signed a waiver assuring that the information on this form will be held in confidence. Only those responsible for reviewing the application packet will review the information on this form. Please fill out the following form and • Email: [executivedirector@sash.net](mailto:executivedirector@sash.net) • Fax: (1) 866-389-3974*

*Or mail it in a sealed envelope to*

*SASH  
P.O. Box 916  
Acworth, GA 30101*

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*This form is to verify your knowledge of the above-named applicant*

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Length of time you have known the applicant. \_\_\_\_\_

How well do you believe you know this applicant? \_\_\_ Not very well \_\_\_ well \_\_\_ very well

*Please describe the nature of your relationship to the applicant.*

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*Describe the work of the applicant in the area of*

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*Please submit a brief recommendation of why you would/would not support the applicant being certified as a \_\_\_\_\_ based on your supervision of the applicant.*

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Would you refer individuals to the applicant?    yes                    no

Do you know of any condition that might impair the applicant in working with clients?    yes                    no

*If yes, please explain.*

\_\_\_\_\_ *Based upon my knowledge of the applicant, I recommend this applicant for certification*

\_\_\_\_\_ *Based upon my knowledge of the applicant, I do not recommend this applicant for certification*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date