



**ALABAMA BOARD OF EXAMINERS IN COUNSELING
RECOMMENDATION FORM
(3 Recommendations Are Required)**

APPLICANT'S
NAME _____
Last First Middle

Last Four Digits of Social Security Number _____

The person listed above has applied to the Alabama Board of Examiners in Counseling to become a Licensed Professional Counselor (LPC). Your objective rating of this applicant's characteristics will enable the Board to evaluate whether this applicant meets its standards. All applicants have a right to review their file

RATER'S NAME _____

TITLE/POSITION _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

RELATIONSHIP TO APPLICANT (Check all applicable)

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Professor | <input type="checkbox"/> Current Supervisor |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Former Supervisor |
| <input type="checkbox"/> Colleague | <input type="checkbox"/> Other _____ |

Please circle the appropriate number to rate the applicant on the following characteristics

	Lowest		Highest			Unable to Evaluate
Self-Assessment	1	2	3	4	5	_____
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 The 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 Counseling Skills	1	2	3	4	5	_____
Group Counseling Skills	1	2	3	4	5	_____
Assessment 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 Counselor	1	2	3	4	5	_____
Ability To Treat Confidential Material						
Professionally	1	2	3	4	5	_____
Cultural Sensitivity	1	2	3	4	5	_____
Capacity To Manage Intimate						
Counseling Relationships	1	2	3	4	5	_____

List Applicant's most important assets as a professional counselor:

1. _____
2. _____
3. _____

The Board is also interested in your assessment of areas where the applicant may need additional development:

1. _____
2. _____
3. _____

Attempts to secure ratings on the same on the first page are sometimes inadequate for a thorough evaluation of an applicant. Please use this space for additional comments.

Rater's Signature: _____

Date: _____

When completed, please return to:

Alabama Board of Examiners in Counseling
950 22nd Street North, Suite 765
Birmingham, Alabama 35203
(205) 458-8716 or (800) 822-3307