



The ABN Examination Committee has received an application from the above listed applicant for Diplomate status as a neuropsychologist. Your name was submitted by the applicant as a person familiar with his/her previous and/or current professional experience as a neuropsychologist.

We would appreciate your providing the Committee with information requested in the form below to expedite the processing of this application. As an endorser of this applicant, your recommendation may be released in response to inquiries about the applicant in the future.

Applicant: _____

1. I have known the applicant for _____ years from (date) _____ to _____

2. From personal knowledge, I know his/her work as a neuropsychologist to be:

3. From personal knowledge, I know his/her character and personal reputation to be:

4. I have been associated with the applicant and have knowledge of his/her professional experience as a neuropsychologist as set forth below:

5. I have ____ employed or ____ worked with the applicant at the times, and in the capacities listed below.

Capacity and Title of Position <i>(Example: Clinical Supervisor / PD Fellow)</i>	From <i>09/xx</i>	To <i>08/xx</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. From personal knowledge, I know the applicant performed the following type of work:

7. Do you consider this person to be a neuropsychologist? (Circle)

8. Do you believe this person to be professionally competent to function independently, at a high level, as a neuropsychologist? (Circle)

9. Remarks: The Committee will appreciate any additional or amplifying information regarding the applicant's professional experience and ability.

Please discuss the applicant's strengths and weaknesses.

NOTE: By completing this letter of endorsement I agree to allow my name to be given to requesting agencies/professionals as all endorser of this candidate for a period of five years from the time of this application.

Date: _____ Name Printed: _____

Signature: _____ Professional Status: _____

Address: _____ Phone: _____

Please return this completed form to: Examinations Committee Applications Coordinator, whose forwarding information (Name, address, email) should be provided to you by the applicant. If needed, you may address any inquiries by forwarding an email to the Coordinator by clicking the contact address at: <http://abn-board.com/about-us-and-fags/board-of-directors>
See here for online forwarding information: <http://abn-board.com/?p=1779>