OREGON BOARD OF PSYCHOLOGIST EXAMINERS

Professional Reference Form

Applicant's Name: _____

has applied for licensure as a psychologist/psychologist associate in the State of Oregon. The Board is dedicated to ensuring high standards for the psychology profession, and requests you respond to the following questions regarding this applicant's professionalism and fitness to practice psychology.

Reference Name & Title: _____

License Type & Number: _____ State/Province: _____

Position: _____

Organization: _____

Address: _____

Phone: _____ Email: _____

Relationship to Applicant: _____

How long have you been acquainted with this applicant?: _____

Are you aware of any reasons why this applicant should not be licensed to practice psychology in the State of Oregon? If yes, please explain. ☐ Yes ☐ No

_____

_____

Is there any other information about this candidate that you believe should be provided to the Oregon Board of Psychologist Examiners? If yes, please explain. ☐ Yes ☐ No

_____

_____

I attest that I have answered all the questions without reservation, and that the information provided by me herein is true and correct.

_____ _____

Signature Date

Please return this form directly to: OBPE | 3218 Pringle Rd. SE, Ste. 130 | Salem, OR 97302-6309