LETTER OF RECOMMENDATION
TO
Arkansas Board of Examiners in Counseling

The applicant must complete items 1-3. Item 4 is optional. Address is required for return of recommendation directly to the applicant in ***sealed & signed envelope. Four recommendations are required.***

1. **Applicant's Name (Print): _____**

2. **Applicant's Address: _____**

_____

3. **Proposed Area(s) of Counseling Practice:** LAC ___ LPC___ LAMFT ___ LMFT ____Dual LAC/LAMFT____ Dual LPC/LMFT____

4. **I waive the right by the Family Education Rights and Privacy Act of 1974 (Buckley Amendment) to view this letter of recommendation on file with Board.**

Signature: _____

Forward this form to an individual well acquainted with your education and counseling.

To Writer of Letter of Recommendation:

Length of time you have known applicant: Dates from: _____ to _____

Please rate the applicant in the following categories:
No Opinion 1=Poor 2=Fair 3=Good 4=Very Good 5=Excellent

Professional Ethics: _____

_____

Professional Knowledge: _____

_____

Personal Character: _____

_____

Professional Training: _____

_____

Counseling Skill Application: _____

_____

Please comment in detail regarding the applicant and the basis for your judgment in rating the applicant on the space below: (add additional pages if desired)

_____

_____

_____

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_____

Print Name: _____ Date: _____

Signature: _____ Title: _____

Institution Name: _____ Address: _____

Phone Number: _____ Fax Number: _____

After completing the recommendation, place the form in an envelope, seal the envelope, and ***sign your name across the sealed flap.*** *Return this form directly to the applicant's Address listed above.*

Applicants must collect all four references and mail them all to the board office. ***The Board will not accept any recommendation received in an envelope that is not sealed and signed across the seal by the recommender.***

Applicant may mail or deliver to: *ARBOEC, 5800 West 10th Street, Ste. 405, Litte Rock, AR 72204*