

Recommendation for Certification Form

Directions

Thank you for taking the time to provide a Recommendation for Certification for the applicant named in Part 1 of this form. Your feedback is a critical component of the application process and directly assists the candidate's pursuit of professional certification.

Each credential requires applicants to seek out a specified number of recommendations from particular individuals. FCB recommendations are Professional, Supervisory, and Personal/Character. The applicant will identify the type of recommendation requested in Part 1 of this form.

Part 2 of this Recommendation for Certification Form must be completed by the individual providing the recommendation. Please respond to each question based on your relationship and direct experiences with the applicant. If you have any questions, please contact our offices directly at 850-222-6314.

Upon completion, please submit the form and any supporting documentation to the FCB at one of the following:

Mail:	Email: admin_assist@flcertificationboard.org
Florida Certification Board	Subject Line: Recommendation (applicant name)
Attn: Certification Operations	If the FCB has assigned a certification specialist to the applicant, please use that person's email address in lieu of the "admin_assist" email for document submission.
1715 South Gadsden Street	
Tallahassee, FL 32301	

NOTES: Recommendations may only be completed and submitted by the individual providing the recommendation; FCB will not accept recommendations from the applicant. In addition, a recommendation may not be provided by a relative, a person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant.

Definition of a Supervisory Recommendation: For certification purposes, a Supervisory recommendation is provided by an individual who is in a position that includes supervisory responsibilities defined by the organization's published job description. Qualified supervisors include the applicant's immediate supervisor or any other agency supervisors, trainers, mentors, quality assurance staff, and any other agency management or leadership staff assigned by the employer to provide supervision to employees seeking certification. If the applicant is working in a non-paid, volunteer capacity, the individual responsible for overseeing the applicant's volunteer staff is a qualified supervisor. **Individuals providing a recommendation must be in a non-peer or non-subordinate position to the applicant.**

Definition of a Professional Recommendation: For certification purposes, a professional recommendation is provided by an individual who has direct knowledge of the applicant's on-the-job performance. The professional recommendation should discuss the applicant's work performance as it relates to the role and expectations required of the certification. While teamwork, experience and work ethic are the types of things discussed, the recommendation should give the FCB an idea of the type of individual applying for certification. **Individuals providing a recommendation must be in a non-peer or non-subordinate position to the applicant.**

Definition of a Personal/Character Recommendation: For certification purposes, a personal recommendation is provided by an individual who has direct knowledge of the applicant in a personal capacity. Character/personal recommendations are often provided by business acquaintances, customers or clients, teachers, trainers, professors, friends or neighbors. The character/personal recommendation should discuss the applicant's traits, such as his or her personality, character, integrity, dependability and/or insights into work habits, talents and skills. While the recommendation will primarily discuss the applicant's character, it should give the FCB an idea of the type of individual applying for certification.

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Part 1: Applicant completes before giving to the individual providing the Professional Recommendation for Certification.

Applicant Information. Use a separate form for each individual providing a professional recommendation for certification.

Applicant name: _____

Credential: _____

FCB Certification Specialist Name/Email _____

Name of individual providing the recommendation: _____

Type of Recommendation (select one): Professional Supervisory Personal/Character

Part 2: Recommender completes and submits directly to the FCB.

Section A: Contact Information. Please write "none" or "N/A" as necessary.

Last Name

First Name

Primary Email Address

Primary Phone Number

home cell work

Phone Type

Contact Address Line 1

City

State

Zip code

County

Please describe the nature of your relationship with the applicant, including how you are eligible to provide the applicant with a Recommendation for Certification.

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Please describe why you believe the applicant would be a successful member of the profession in which he or she is seeking certification. Please include specific examples of incidents where you observed the applicant successfully demonstrating skills expected of a certified professional.

Section D: Attestation.

I affirm that all of the information that I have provided on this form and any provided attachments is true, to the best of my knowledge.

I affirm. I do not affirm.

I affirm that I recommend the applicant listed in Part 1 of this form for certification with the Florida Certification Board.

I affirm. I do not affirm.

Signature

Date