

MARYLAND WORKERS' COMPENSATION COMMISSION

REHABILITATION SERVICE PRACTITIONER
APPLICANT PROFESSIONAL REFERENCE

INSTRUCTIONS: The person named above has applied to the Maryland Workers' Compensation Commission for the purpose of becoming a Certified Maryland Rehabilitation Service Practitioner. Your assessment is a requirement for the applicant to be considered for certification and should be based on clinical knowledge of his/her experience or ability. AFTER COMPLETING THIS FORM, PLEASE ENCLOSE IT IN A SEALED ENVELOPE, SIGN THE SEALED FLAP AND RETURN IT TO THE APPLICANT.

Applicant's Name: _____

1. Reference Name: _____ Profession: _____

Business Address: _____

Telephone: _____

2. Relationship to Applicant:

___ Instructor ___ Professional Colleague ___ Supervisor ___ Other: _____

3. Please rate the applicant by placing a check in every category:

Table with 5 columns: Category, Outstanding, Average, Below Average, Can not evaluate. Rows include: PERSONAL INTEGRITY, PROFESSIONAL INTERPERSONAL SKILLS, ABILITY TO MAINTAIN CONFIDENTIALITY, PROFESSIONAL RESPONSIBILITY, PROFESSIONAL OBJECTIVITY, COUNSELING SKILLS.

4. Please write a brief statement of your assessment of the applicant's ability to perform their job duties.

Multiple horizontal lines provided for writing a brief statement of assessment.

The above information is true to the best of my knowledge.

Signature of Reference

Date