LETTER OF REFERENCE FOR CERTIFIED PSYCHOSEXUAL EVALUATOR APPLICANT – ADULT CLIENTS

The applicant has requested that you provide a statement regarding his/her professional and ethical qualifications. Your responses will not be shared with the applicant. Upon completion please mail or this letter of reference directly to the address/fax number listed below. 1. Your name and occupation: 2. You have known the applicant: professionally for						
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ertified Psychosexual Evaluator for adults.	ualificat	tions. Your respon	ses will not be shared with th	e applicant. Upon		
Applicant name) has applied to be an Idaho						

Please return this reference to: Sexua

C/O Idaho Dept. of Correction 1299 N Orchard St. Ste 110 Boise, ID 83706 FAX (208) 287-3322

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