

LETTER OF REFERENCE FOR CERTIFIED PSYCHOSEXUAL EVALUATOR APPLICANT

(Applicant name) _____ has applied to be an Idaho Certified Psychosexual Evaluator.

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 fax 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 _____ years; personally for _____ years.
3. How are you familiar with the applicant's work regarding evaluation of sexual offenders?
4. Do you believe the applicant demonstrates ethical integrity in professional and personal behavior?
☐ Yes ☐ No (If No, please attach an explanation.)
5. To the best of your knowledge, has the applicant ever been accused, investigated, and/or involved in unprofessional, illegal or unethical conduct?
☐ Yes ☐ No (If Yes, please attach an explanation.)
6. Please list the applicant's strengths and weaknesses regarding his/her work with convicted sexual offenders:
7. In your opinion, would you recommend this applicant for Psychosexual Evaluator Certification?
☐ I highly recommend ☐ I recommend
☐ I have reservations about recommending ☐ I strongly do not recommend
(Please attach an explanation.)

I certify that to the best of my knowledge, the answers and statements provided above are true and complete.

Signature

Date

Telephone

Please return this reference to:

Sexual Offender Management Board
c/o IDOC Clinical Services Annex
3125 S. Shoshone St.
Boise, ID 83705
FAX (208) 954-8519