



Letter of Reference

The applicant listed below is applying for certification through the Georgia Board for Christian Counseling as a Christian Counselor in the state of Georgia. As a reference, you are asked to give relevant information.

This form is to be completed by the reference and mailed directly to the Georgia Board for Christian Counselors: 1635 Old 41 Hwy. Suite 112-222, Kennesaw, GA 30152.

If you have any questions call (770) 429-1200 or email julia@theopusonegroup.com.

Applicant's Info

Name:

Address:

Reference Info

Your Name:

Your Address:

Your occupation/position:

How long have you known this applicant?

How are you acquainted with this applicant? *(select all that apply)*

Professionally Personally Supervisor

Can you vouch for the applicant's character? Yes No Not Sure

What is your assessment of the applicant's abilities to function as a Christian Counselor?



Letter of Reference

What would you say are the applicant's strengths?

What would you say are the applicant's weaknesses?

What is your appraisal of the applicant's Christian life?

Would you recommend that the applicant be issued a Board Certification?

Yes No

Briefly Explain:

Reference Signature:

Date:
