



## Letter of Recommendation for Membership

### TO BE COMPLETED BY APPLICANT

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### TO BE COMPLETED BY REFEREE *(please use additional pages if needed)*

1. How long have you known the applicant and in what capacity?
2. Please comment on why you would recommend this person as a member of the NOBPC.
3. Please comment on your perception of the applicant's professional work.
4. Applicants must be in good standing according to the guidelines within their own profession. Please comment on the ethics of the applicant. Are you aware of any ethical violations committed by the applicant? Has this applicant ever been sanctioned by a professional board/institution?
5. Please feel free to add any additional comments.

Referee's name (print): \_\_\_\_\_ Referee's signature: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Please return this form to: NOBPC, attention Membership Committee, 3624 Coliseum St, New Orleans, Louisiana 70115 OR email to nobpc@gmail.com.**