

OREGON BOARD OF PSYCHOLOGY

Endorsement Reference Form

**Applicant Name:** \_\_\_\_\_

has applied for licensure as a psychologist in the State of Oregon. The Board is dedicated to ensuring high standards for the psychology profession, and requests you respond to the following questions regarding this applicant's professionalism and fitness to practice psychology.

Reference Name: \_\_\_\_\_

License Type & Number: \_\_\_\_\_ State/Province: \_\_\_\_\_

Position: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

How many continuous years have you been acquainted with this applicant?: \_\_\_\_\_

Are you aware of any reasons why this applicant should not be licensed to practice psychology in the State of Oregon? If yes, please explain.  Yes  No

\_\_\_\_\_

Is there any other information about this candidate that you believe should be provided to the Oregon Board of Psychology? If yes, please explain.  Yes  No

\_\_\_\_\_

I attest that I have answered all the questions without reservation, and that the information provided by me herein is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form directly to: OBOP | 3218 Pringle Rd. SE, Ste. 130 | Salem, OR 97302-6309