

PROFESSIONAL REFERENCE FORM

The applicant is to provide this form to the reference, along with a self-addressed, stamped envelope addressed to: Jennifer Jones, OPG, 10080 E 121st St, suite 112, Fishers, IN 46037, *OR* emailed to jjones@opgrowth.com.

This form is intended to document the applicant's work experience to qualify the applicant as a Registered Behavioral Consultant of the Indiana Association of Behavioral Consultants.

Name of Applicant

Organization where work experience occurred:

Address:

Dates of Employment: From to

Applicant's Job Title:

The work experience of the applicant included the following (check all that apply):

- Experience working directly with individuals with developmental disabilities
- Experience devising, implementing, and monitoring behavioral support plans
- Experience supervising and training others in implementing behavioral supports

The above occurred on a (check one) Full time Part time basis.

Comments regarding applicant pertaining to above job duties:

Information about Professional Reference:

Name

Title

Address

Telephone Email

Relationship to applicant

My signature indicates that the above information is true, complete and correct.

Date: Signature _____