

Candidate Recommendation Form

To the Evaluator: Please complete the below Candidate Recommendation Form in its entirety, as it is an important part of the Candidate's CSAT®, ASAT®, or PSAP® approval process. Thank you.
(The blanks on the form will expand as needed with added text.)

Section I: Candidate

Name: _____

- Applying for:**
- Certified Sex Addiction Therapist (CSAT®), Associate Sex Addiction Therapist (ASAT®), Pastoral Sex Addiction Professional (PSAP®)
- CSAT® / PSAP® Supervisor

Section II: Evaluator

Name: _____ **Title:** _____

Organization: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

1. How long have you known the Candidate? _____
2. How well have you known the Candidate? _____
3. What is the nature of your contact with Candidate? _____
4. What are the Candidate's strongest qualities as a mental health practitioner?

1.

2.

3.

4.

5.

Candidate Recommendation Form

5. What are the Candidate's weaknesses as a mental health practitioner?

1.
2.
3.
4.
5.

Section III: Candidate Evaluation

	Truly Exceptional	Excellent	Good	Average	Below Average	Unable to Evaluate	No Comment
• Academic knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Clinical Skill (<i>if applicable</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ability to accept criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Personal conduct & appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Emotional maturity & stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Organization & common sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Maintain appropriate boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:



Candidate Recommendation Form

Overall Endorsement:	Highly Recommend	Recommend	Recommend with Reservations	Do Not Recommend
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

X _____
Signature
Date

<input type="checkbox"/>	If submitted electronically, by typing my initials and providing the current date, I attest to the above information.	Initials:	Date:
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NOTE: Please save this completed form and send **directly** to the IITAP office via email to info@iitap.com or fax (480)595-4753.