

The International Board for Regression Therapy

The Board of Examiners for the Certification of Past Life Therapists and Training Programs

Reference Form

FOR: (Print or type name and address of candidate) _____

BY: (Print or type name and address of reference) _____

I am applying for certification as a

Past Life Therapist

Statement: I hereby request the person whose name and address appears above to complete this reference form and return it directly to IBRT. Reference is to be:

Closed (I hereby waive my right to review the contents of this reference form.)

Open (I do NOT wave my rights to review the contents of this reference form.)

Signed: _____ Date: _____

Section I – Knowledge of Candidate

How long have you known the candidate? _____ years.

In what capacity have you known the candidate? (check all which apply)

colleague trainer/instructor friend other (please specify) _____

Section II – Rating Scales

Please circle your evaluation of each statement. 1=low 5=high ?=unsure NOTO=no opportunity to observe

1. Candidate's knowledge of theories and use of altered state 1 2 3 4 5 ? NOTO

2. Candidate's knowledge of theories/practices of PLT 1 2 3 4 5 ? NOTO

3. Candidate's ability (expertise) to conduct PLT sessions 1 2 3 4 5 ? NOTO

4. Candidate's commitment to ethical practices 1 2 3 4 5 ? NOTO

5. Candidate's character/honesty/integrity 1 2 3 4 5 ? NOTO

6. Candidate's overall suitability for certification 1 2 3 4 5 ? NOTO

Section III – Comments

What do you consider to be the candidate's strengths?

What do you consider to be the candidate's weaknesses?

Do you have any concerns about the candidate's qualifications to become a certified PLT practitioner? If yes, please specify.

Comments (Please use this space for any other comments you would like to share with IBRT. You may also attach additional sheets, if desired.)

Overall Evaluation

- I support this candidate's application for certification.
- I strongly support this candidate's application for certification.
- I cannot support this candidate's application for certification.

Your signature: _____ Date: _____

Please return this form directly to:

Candidate Evaluation
International Board for Regression Therapy
3746 Mt. Diablo Blvd. Suite 200
Lafayette, CA 94549
USA