Ecclesiastical Recommendation

(To be completed by ecclesiastical authority/endorser)

Name of applicant seeking professional certification: _____

Certification credential being requested by applicant: _____

Is the applicant currently a member in good standing in your faith tradition? ☐ **Yes** ☐ **No**

Does the applicant demonstrate a high degree of personal character and integrity? ☐ **Yes** ☐ **No**

Comments/Concerns:

Ecclesiastical Authority

Print Name: _____ **Title/Position:** _____

Name of Faith Tradition/Organization: _____

Street Address: _____ **City:** _____

State/Province: _____ **Zip/Mail Code:** _____ **Country:** _____

Email: _____ **Tel#:** _____

Signature: _____ **Date:** _____

Please return this completed document to the applicant or scan and email it to: wshomembership@gmail.com.

You may also mail it to Certification, P.O. Box # 711096, Salt Lake City, Utah, 84171, USA