

Character/Personal Reference Form

DRAFT 4/19/18

_____ [name] has applied for Certification as a Community Health Worker in the State of Connecticut and has submitted your name as a character/personal reference. Please complete the following information.

Name: _____ Title: _____

Address: _____

Email: _____ Phone: _____

- A. How long have you known the applicant? Years: _____ Months: _____
- B. Please describe the nature of your relationship with the applicant, including how you are qualified to provide the applicant with a character/personal reference for Certification as a Community Health Worker.
- C. Describe why you believe the applicant would be successful as a Certified Community Health Worker. How has the applicant demonstrated an in-depth understanding of the experience, language, culture and socioeconomic needs of the community?
- D. I certify that the information I provided on this form is true to the best of my knowledge. I further certify that I am not related to the applicant, I do not share the same household as the applicant, and I am not and never have been in a romantic, domestic or familial relationship with the applicant.

Signature

Date