

Dear       ,

      has applied to the Association as a Certified Biological Safety Professional (CBSP) and has forwarded this questionnaire to you for completion as a professional reference. Since certification will depend, to a considerable degree, upon reference evaluation, please give each question careful consideration. A prompt reply will be appreciated by the applicant and the Association. Please note that the Association cannot guarantee that your professional reference will be held confidential, although we will make every reasonable effort to do so. Please submit this completed questionnaire to:

ABSA International, 1200 Allanson Road, Mundelein, IL 60060 or via email to: [credentialing@absa.org](mailto:info@absa.org).

1. I have personal knowledge upon which to evaluate the applicant’s professional biological safety capabilities from:       to:
2. What has been the nature of your association with the applicant?

Click here to enter text.

1. Are you related to the applicant? No  Yes  (If yes, please explain)

Click here to enter text.

1. Do you currently hold the RBP or CBSP credential? No  Yes

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Good | Adequate | Poor | Not Known |
|  | Capacity to accept responsibility |  |  |  |  |
|  | Quality of work |  |  |  |  |
|  | Application of technical knowledge |  |  |  |  |
|  | Professional attitude |  |  |  |  |
|  | Judgement |  |  |  |  |
|  | Ability to work with others |  |  |  |  |

1. Do you consider the applicant a biosafety professional? No  Yes  Not Known
2. Describe the applicant’s position and also their capability to make and implement programs and/or important decisions. Please provide specific examples from the period during which you have knowledge of the applicant’s work. Click here to enter text.
3. What do you consider the applicant’s greatest single contribution in the position described above? Click here to enter text.
4. What work activities, other than biological safety, does (did) the applicant have assigned to her/his job? Click here to enter text.
5. What percent of time, *related* to professional biosafety, does (did) the applicant have assigned to their job?      %
6. What limitations do (did) the applicant have which might affect her/his ability to perform at a reasonable professional level? Click here to enter text.
7. What do you consider to be a specific or special accomplishment the applicant has made in the biological safety field? Click here to enter text.
8. Additional remarks or amplifying information (use a separate sheet if necessary).

Click here to enter text.

Name: Click here to enter text.

Title: Click here to enter text.

Preferred Phone: Click here to enter text.

Organization: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text.

Province/State:

Zip/Postal Code:

Signature: Click here to enter text.

Date: