Professional Reference Form
CCDP Application Package Part C:
To the Referee completing the CDPCBO Reference Form:

The person named below has applied to the Career Development Practitioners’ Certification Board of Ontario (CDPCBO) to become a Certified Career Development Practitioner (CCDP).

The purpose of this Reference Form is to give the Applicant opportunity to present independent evidence that their work experience and skills demonstrate their eligibility for the credential. You have been asked to provide information which will assist the CDPCBO Certification Review Committee to make an informed decision as to the applicant’s eligibility for this credential.

Criteria for acceptance as a Professional References include:

- The applicant must have known the referee for at least one year.
- The applicant must have known the referee in a professional capacity.
- The referee must have recent knowledge of the applicant’s work experience (within the past 3 years).
- The referee must not be a family member.
- Ideally, the referee will be familiar with the Canadian Standards and Guidelines for Career Development Practitioners (see www.career-dev-guidelines.org for more information) and be currently working in the field.

The applicant will provide you with a draft of their application form outlining their demonstration of the four core competencies and the three areas of specialization. After you have read the information provided, please sign the attached form indicating you support and validate their application for certification. Then please write a letter providing some examples of how you have seen the person demonstrating the competencies and your own reasons for supporting the application for certification.

As this form requires the referee to comment on the applicant’s competencies, it may be difficult in some cases to provide the evidence. For instance, if the applicant is applying under the specialization of counselling and the demonstration of those skills and processes, you may not have actually observed the person in a one-to-one interview for confidentiality reasons. Some other ways you may be able to provide that evidence would be to look at the applicant’s outcomes, to consider feedback you have received on his/her work from client/colleagues/community partners, presentations of cases in case conferences and staff meetings, documentation of case files and reports, etc.

This reference is provided in confidence. Please forward the signed and completed form along with your letter to the applicant for inclusion in the application package. You may scan and send these documents via email as an attachment in PDF format.

Note: Please DO NOT mail the completed form to the CDPCBO.
Applicant’s Personal Information: (can be completed by applicant)

Last name: _____________________________________________________________
First Name: ___________________________________________________________
Previous name (if applicable): ___________________________________________
Email Address: _______________________________________________________
Phone: _____________________________ (w) _____________________________ (h)

Referee’s Personal Information:

Referee Name: _______________________________________________________
Position: _____________________________________________________________
Company Name: _______________________________________________________
Address (work or home): _______________________________________________
City/Province: ___________________________ Postal Code: _________________
Email Address: _______________________________________________________
Phone: _____________________________ (w) _____________________________ (h)

Relationship to Applicant:

☐ Employer  ☐ Supervisor  ☐ Colleague  ☐ Co-Worker  ☐ Business Contact  ☐ Other: ____________

Applicant’s Position/Title (at time of working together): _____________________________

How long have you known the applicant in a professional capacity?

In what period of time have/did you know the applicant in a professional capacity? From ______mm/yy to ________ mm/yy

Statement of Support and Validation

I have reviewed the application form for ________________, I support the application for certification as a Career Development Practitioner based on the competencies submitted in the application.

Signature: _____________________________ Date: _____________________________