

REFERENCE

TO SUPPORT APPLICATION FOR
TOXICOLOGICAL TECHNOLOGIST CERTIFICATION
BY
NATIONAL REGISTRY OF CERTIFIED CHEMISTS
125 Rose Ann Lane, West Grove, PA 19390
610-322-0657 (voice or text) 800-858-6273 (fax) rphifer@nrcc6.org

Name of Applicant _____

- 1. I have personally known the applicant for approximately _____ years.
- 2. My relationship with the applicant (is) (was) _____
(e.g., employer, supervisor, co-worker, etc.)

3. I believe the applicant has had experience working with:

- safety for _____ years;
- sampling scheme for _____ years;
- chain of custody for _____ years;
- method of selection for _____ years;
- sample pre-sub samples for _____ years;
- calibration of instruments for _____ years;
- analysis for _____ years;
- data calculations/treatment for _____ years;
- data reporting for _____ years;
- quality assurance/quality control for _____ years;
- sample and reagent disposal for _____ years;
- data retention for _____ years;
- general laboratory procedures for _____ years;
- expert witness procedures for _____ years;
- _____;
- _____;
- _____;
- _____;

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Using a scale of: (1) Unsatisfactory; (2) Below Average; (3) Average; (4) Above Average; (5) Outstanding; or (N/A) Not Applicable; I rate the applicant as follows:

- _____ service to profession;
- _____ continuing education effort;
- _____ leadership/team member;
- _____ research/development;
- _____ moral character;
- _____ ethical and professional standing.

I understand it is the intention of the National Registry of Certified Chemists to certify individuals who are technically competent, of good moral character, and of high ethical and professional standing and who are intellectually active enough to remain competent and to enhance their ability to contribute to the profession and thus to be certifiable.

I understand my evaluation of this applicant is an essential part of the overall processes for certification and my responses will be carefully considered, judiciously used, and kept in confidence.

Comments:

Name of Reference: _____

Certification/Membership: AACC ___; ABCC ___; ABFT ___; ACS ___; AIHA ___; AIC ___; NACB ___;
NRCC ___; Other _____.

Employer _____

Address _____

Telephone _____ Email address _____

Signature _____ Date _____