

BOARD OF LASER SAFETY
13501 Ingenuity Drive, Suite 128
Orlando, FL 32826
407-380-1553 · 407-380-5588 (Fax) · www.lasersafety.org

Professional Reference Questionnaire

Name of Applicant: _____

Completed by: _____

1. Are you capable of providing an informed and objective description about the professional laser safety work of the Applicant? Yes No

2. Do you know of any reason why this Applicant should not be considered for certification?
 Yes No

If yes, please explain.

3. Are you a relative or spouse of the Applicant; or is the Applicant your supervisor?
 Yes No

If yes, please skip to the end, sign and return this questionnaire to the Board.

4. Please indicate the time periods during which you have personal knowledge of the Applicant's laser safety work experience and the nature of your association with the Applicant.

| <u>Association</u> | <u>Time Period</u> <small>From (MM/YY) - To (MM/YY)</small> |
|---|--|
| <input type="checkbox"/> Supervisor | _____ |
| <input type="checkbox"/> Colleague | _____ |
| <input type="checkbox"/> Client | _____ |
| <input type="checkbox"/> Professor | _____ |
| <input type="checkbox"/> Other (describe) | _____ |

5. In the following spaces, please describe the Applicant's laser safety functions and activities for each position held during the time periods for which you have direct personal knowledge. Indicate how many hours per week of the Applicant's time in each position was/is devoted to laser safety practice.

Position _____

Time Period _____

Date laser safety practice began for this job _____

Average number of hours per week devoted to laser safety practice _____

Percentage of total work time is devoted to laser safety practice _____

Describe specific laser safety functions and activities (See Policies and Procedures Manual for details)

6. Do you recommend this Applicant for certification by the Board? Yes No

7. Describe the Applicant's ability to perform with independent responsibility.

8. Does the Applicant conduct laser safety activities in a manner consistent with the BLS Code of Professional Conduct (See Policies and Procedure Manual for details) for the profession of laser safety? Yes No

Please describe if you would like to elaborate:

I attest that I personally composed this Professional Reference Questionnaire and that the information it contains is true, complete and correct to the best of my knowledge.

Signature _____ Date _____

Printed Name _____ Title _____

Organization _____

Division _____

Address _____

City _____ State _____ Zip _____

Country _____ Telephone Number _____

If you are certified by the Board of Laser Safety, please show your certification number.

Certificate Number _____

This questionnaire is to be completed by the reference only and must be mailed by the reference directly to the Board of Laser Safety. Thank you.