

# CGWP Applicant Reference Form



Please complete this form to the best of your knowledge. Reference forms are confidential and should be returned directly to NGWA when completed.

**Your name:** \_\_\_\_\_ **Applicant name:** \_\_\_\_\_

1. How long have you known the applicant and in what capacity?

2. How many years of full-time professional experience in the groundwater industry can you attest the applicant has?

- Less than 12 months
- 1-7 years
- 8+ years

3. How would you describe the applicant's professional competence?

4. To your knowledge, in which groundwater areas does the applicant excel?

5. If the applicant were applying for a position in your organization (check one):

- Would you seek the applicant as your colleague?
- Would you welcome the applicant as your colleague?
- Would you rather not have the applicant as your colleague?

Comments:

6. In your opinion, is the applicant competent to perform quality work in groundwater?

Yes

No

Comments:

7. Describe your knowledge of the applicant’s qualifications, professional experience, integrity, ethical conduct, and his or her performance while in collaboration with you or under your supervision.

8. Overall, do you (check one):

Strongly support the applicant for favorable consideration

Support the applicant for favorable consideration

Not support the applicant for favorable consideration

If you cannot support this applicant for favorable consideration, please give the reasons.

The National Ground Water Association extends its gratitude to individuals offering recommendations for applicants for the Certified Groundwater Professional designation. Please return directly to NGWA at the address below or via email to [certification@ngwa.org](mailto:certification@ngwa.org).

**Sponsor information**

Address \_\_\_\_\_ City \_\_\_\_\_ State or Province \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal code \_\_\_\_\_

Phone \_\_\_\_\_ (home/mobile/work) Email \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Highest academic degree \_\_\_\_\_ Major subject \_\_\_\_\_

Years of your groundwater experience (if applicable) \_\_\_\_\_

State your primary field of expertise \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Phone** Toll-free 800 551.7379 • 614 898.7791 • Fax 614 898.7786

**Web** [www.NGWA.org](http://www.NGWA.org) and [www.WellOwner.org](http://www.WellOwner.org)

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