

**NADD Competency Based Clinical Certification Program**  
**Letter of Recommendation Directions**

Instructions to the Applicant: Please provide this form to three (3) colleagues and/or present or past supervisor(s) who are able to comment upon your clinical skills, knowledge, values, and level of competency concerning the provision of clinical services to individuals who has intellectual and developmental disabilities co-occurring with mental illness. Upon receipt of your reference letters, please forward them, in sealed envelope that you received together with the rest of your application material.

Instructions to Reference Person: Please give the applicant your letter of reference in a sealed envelope. Please sign your name across the envelope seal.

Dear Reference Person:

Thank you for providing a reference letter for an applicant to the NADD Competency-Based Clinical Certification Program. The panel reviewing the application places strong consideration upon the reference letter of colleagues and supervisors in making its determination. We suggest several points of focus in your letter of recommendation:

1. How long have you known the applicant and in what context?
2. Please provide a statement about the applicant's clinical work which includes references to his/her knowledge, skills, values, and level of competency
3. Please provide information regarding the applicant's demonstration of professionalism and transdisciplinary activity
4. Please describe any other personal qualities and/or professional contributions that distinguish this applicant as a clinician working with individuals who have a dual diagnosis
5. Please indicate any potential concerns regarding professional certification of this individual