



PLEASE PRINT CLEARLY IN BLUE INK

Applicant's Name: _____

This form should be completed by a professional colleague, coaching professional or supervisor who is familiar with your work performance and coaching competency. Include this form with your application packet. Individuals completing the Verification of Experience Form may also complete a Professional Endorsement Form.

Information below is to be completed by the person providing the endorsement.

ENDORSER'S INFORMATION

1. Endorser's Full Name: _____
2. Profession: _____
3. Business Address: _____

4. City/State/ZIP Code: _____
5. Daytime Telephone: _____ Ext. _____
6. Endorser holds a coaching credential. YES NO
(Endorser is not required to hold a coaching credential.)
7. Endorser acknowledges that the applicant is competent in coaching, including fundamental coaching skills, ethical and professional practice, screening and orientation skills, assessment skills, and the ability to work with individuals and/or businesses and organizations, and endorses the applicant for the BCC credential.

I, the undersigned, do state that the answers given above are complete and true. I agree to provide any additional information requested by CCE.

Signature of Person Providing Endorsement (**blue** ink signature required)

Date

PROFESSIONAL ENDORSEMENT PROVIDER: Please return this form to the applicant.