TC Reference

REFERENCE

TO SUPPORT APPLICATION FOR

TOXICOLOGICAL CHEMIST CERTIFICATION

BY

NATIONAL REGISTRY OF CERTIFIED CHEMISTS

125 Rose Ann Lane
West Grove, PA
610-322-0657 / 800-858-6273 FAX

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 the following experience working with:
   
   human specimens for _____ years;
   
   interpretation of data for _____ years;
   
   research projects of a toxicological nature with materials from human subjects for _____ years;
   
   development of toxicological chemistry methods for _____ years;
   
   animals as primary subjects using techniques similar to those used for humans for _____ years;
   
   instrument development with instrumentation concerning toxicological chemical analyses 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 ________________________________