

DAYSPRING REFERENCE FORM (Circle One) AACT, ITCT, DCU, ECC

Make three copies of this form: Give to three of your colleagues and have them sent directly to us.

Use Typewriter or black ink. Use additional sheets or the back of this page on any question if necessary.

Waiver: I waive the right to review reference responses to this form.



Therapist's or Minister's Signature _____

To the Reference: The person listed below has given your name as a reference. Please complete this form and return to DMI within **TWO WEEKS**. Neatness, clarity and dark copy which will reproduce well are essential. If the waiver has been signed the information you put on the form will be kept in confidence, but will be seen by the Board of Directors and / or the Certification Review Board of AACT. Thank you for your assistance. *You may fax this form to DMI, at **877-736-4841***

Please mail this form to: **AACT, Dr. Gary Barkman, President, P.O. Box 863, Brookhaven, MS 39601**

Minister's/Therapist's Name _____

Address _____

Address 2 _____

Phone / Email _____ / _____

Reference Name _____

Address _____

Address 2 _____

Phone / Email _____ / _____

How Long have you known this person: _____

Relationship: Lay member of present congregation Lay member of previous congregation Clergy Colleague
 Counselor / Therapist Colleague Fellowship / Denominational Leader / staff Family Friend
 Other _____

PERSONAL CHARACTERISTICS

Please place the appropriate number in the blank following the personal characteristic:

1 Exemplary 2 Often 3 Sometimes 4 Do Not Know

Follows through with responsibilities Protects confidentially Handles pressure well Manages time wisely Appropriate personal appearance Likes people Handles conflict well
Portrays Christian maturity Takes criticism well Takes praise graciously Seeks help from others when needed Takes time for study Is creative/imaginative Has a positive attitude
Is flexible/adaptable Is a good listener

The following questions require answering on another sheet of paper or on the back.

For what type of Ministry or Counseling situation do you feel this person best suited? (use back or other page)

Are there counseling or ministerial situations for which it would be unwise to consider him/her?

In this person's counseling, does he/she maintain confidentiality; being compassionate and sensitive to other's needs; helping persons develop emotional maturity and security?

Does he/she help persons develop their spiritual life; encouraging persons to relate their faith to their daily lives?

Does he/she make calls on persons in hospitals; ministering to persons in crisis situations?

Are there other comments which would assist _____ the American Association of Christian Therapists in making a decision to certify or not certify this person? _____ the Association of Evangelical Community Churches or the Evangelical Christian Church in making a decision to Ordain/License or not Ordain/License this person? (Please limit your comments to this and one other page)

Signature _____ Date _____