



World Safety Organization

In Consultative Status, Category II, with the United Nations Economic and Social Council

WSO CERTIFICATION CANDIDATE EVALUATION

Dear Sir/Madam: please fill out the requested information for the below named Candidate for Professional Certification, and return it directly to the World Safety Organization. Thank you for your assistance.

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Name of Candidate: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> WSO-CSE Certified Safety Executive | <input type="checkbox"/> WSO-CSM Certified Safety Manager | <input type="checkbox"/> WSO-CSS Certified Safety Specialist |
| <input type="checkbox"/> WSO-CSSD Certified Safety & Security Director | <input type="checkbox"/> WSO-CST Certified Safety Technician | <input type="checkbox"/> WSO-CHMT I Certified Hazardous Materials Technician I |
| <input type="checkbox"/> WSO-CHMT II Certified Hazardous Materials Technician II | <input type="checkbox"/> WSO-CHMS Certified Hazardous Materials Supervisor | <input type="checkbox"/> WSO-CHME Certified Hazardous Materials Executive |
| <input type="checkbox"/> WSO-CSI Certified Safety Instructor | <input type="checkbox"/> WSO-CSI(SL) Certified Safety Instructor (Senior Level) | <input type="checkbox"/> WSO-CSI(ML) Certified Safety Instructor (Master Level) |
| <input type="checkbox"/> WSO-RSD Registered Safety Director | | |

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1. I have known the Candidate since (month/year): _____

2. Describe the circumstances of your association with the Candidate: _____

3. Did your association with the Candidate have any bearings on the Candidate's professional activities? If so, briefly describe how the

Candidate performed: _____

4. List the Candidate's achievements or accomplishments in the Candidate's professional activities: _____

(OVER)

Making Safety a Way of Life ... Worldwide

Performance Evaluation				
	Excellent	Good	Fair	Poor
Managerial Expertise				
Ability to Work with Others				
Communication Skills – Written				
Communication Skills – Oral				
Leadership/Supervisory Skills				
Dependability				
Initiative				
Follow-Through in Completing Projects				

Professional Evaluation				
	Excellent	Good	Fair	Poor
Professional Expertise				
Professional Judgment				
Project Planning/Development				
Professional Training				

Would you recommend this Candidate for Certification as indicated? [] YES [] NO

Please explain if "NO" is marked: _____

Additional comments, if any: _____

Name of Evaluator: _____ Title: _____

Employer/Organization: _____

Address: _____ City: _____

State: _____ Zip: _____ Country: _____ Telephone: _____

Signature of Evaluator: _____ Date: _____