

WORLD SAFETY ORGANIZATION PROFESSIONAL CERTIFICATION PROGRAM

Accredited by the International Certification Accreditation Council (ICAC) in compliance with ISO/IEC 17024:2012.

WSO CERTIFICATION CANDIDATE EVALUATION

Please fill out the requested information for the below named Candidate for Professional Certification, and return it directly to the World Safety Organization via mail, fax, or email. Thank you for your assistance.

Name of Candidate:			
] WSO Certified Safety Executive	[] WSO Certified Safety Manager	[] WSO Certified Safety Specialist	
] WSO Certified Safety & Security Director	[] WSO Certified Safety Technician	[] WSO Certified Hazardous Materials Technician I	
] WSO Certified Hazardous Materials Technician II	[] WSO Certified Hazardous Materials Supervisor	[] WSO Certified Hazardous Materials Executive	
] WSO Certified Safety Instructor	[] WSO Certified Safety Instructor (Senior Level)	[] WSO Certified Safety Instructor (Master Level) [] WSO Certified Governmental Environmental Technici	
] WSO Registered Safety Director	[] WSO Certified Governmental Safety Technician		
] WSO Certified Governmental Safety Specialist	[] WSO Certified Governmental Environmental Specialist	[] WSO Certified Governmental Safety Officer	
] WSO Certified Governmental Environmental Officer			
1. I have known the Candidate since (mo	onth/year):		
2. Describe the circumstances of your as	sociation with the Candidate:		
3. Did your association with the Candida	te have any bearings on the Candidate's profession	onal activities? If so, briefly describe how the	
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4. List the Candidate's achievements or a	accomplishments in the Candidate's professional a	activities:	

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(OVER)

		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:					