



# **WORLD SAFETY ORGANIZATION**

## **PROFESSIONAL MEMBERSHIP PROGRAM**

*WSO's Certification Program is accredited by the International Certification Accreditation Council (ICAC)  
in compliance with ISO/IEC 17024:2012.*

### **WSO PROFESSIONAL MEMBER CANDIDATE EVALUATION**

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

Full Name of Candidate: \_\_\_\_\_

.....

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 WSO Professional Membership 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: \_\_\_\_\_