



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: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> WSO Certified Safety Executive | <input type="checkbox"/> WSO Certified Safety Manager | <input type="checkbox"/> WSO Certified Safety Specialist |
| <input type="checkbox"/> WSO Certified Safety & Security Director | <input type="checkbox"/> WSO Certified Safety Technician | <input type="checkbox"/> WSO Certified Hazardous Materials Technician I |
| <input type="checkbox"/> WSO Certified Hazardous Materials Technician II | <input type="checkbox"/> WSO Certified Hazardous Materials Supervisor | <input type="checkbox"/> WSO Certified Hazardous Materials Executive |
| <input type="checkbox"/> WSO Certified Safety Instructor | <input type="checkbox"/> WSO Certified Safety Instructor (Senior Level) | <input type="checkbox"/> WSO Certified Safety Instructor (Master Level) |



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: _____