

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 Registered Safety Director	[] WSO Certified Governmental Safety Technician	[] WSO Certified Governmental Environmental Technician
] WSO Certified Governmental Safety Specialist	[] WSO Certified Governmental Environmental Specialist	[] WSO Certified Governmental Safety Officer
] WSO Certified Governmental Environmental Officer		
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1. I have known the Candidate since (mo	onth/year):	
Describe the circumstances of your as	esociation with the Candidate	
2. Describe the circumstances of your as	sociation with the candidate.	
Did your association with the Candida Candidate performed:	te have any bearings on the Candidate's profession	onal activities? If so, briefly describe how the
candidate performed.		
4. List the Candidate's achievements or	accomplishments in the Candidate's professional	activities:

(OVER)

		Performance	e 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				
		Professiona	l Evaluation	
	Excellent	Good	Fair	Poor
Professional Expertise				
Professional Judgment				
Project Planning/Development				
Professional Training				
Please explain if "NO" is marked: Additional comments, if any:				
Additional comments, it any.				
Name of Evaluator:		Title:		
Employer/Organization:				
Address:		City:		
State: Zip: Coun	ntry:	Telephone:		
Signature of Evaluator:		Date:		