

Professional Reference Form



Part I. Applicant Information – To be completed by Applicant

Name Title

Organization

Phone

Email Address

Part II. Professional Reference – To be completed by Reference

The individual named above is applying for the Medical Rehabilitation Management Certification (MRMC) through AMRPA. Please complete the form and return to the applicant.

Describe how you know the applicant. *(500 character limit)*

Supervisor Colleague

Describe why you recommend the applicant, noting their experience, leadership skills and character. *(2000 character limit)*

Name Title

Organization

Phone

Email Address

Signature Date