



Professional Recommendation for Certification Form

DIRECTIONS

This form allows for one individual to provide a recommendation for certification. Provide a separate *Recommendation for Certification Form* to each individual who will be completing a Professional Recommendation on your behalf. Recommendations for certification may not be provided by a relative, any person sharing the same household, or any person in a romantic, domestic, or familial relationship with the applicant. The same person may not complete more than one recommendation per applicant per credential.

All information must be TYPED. Handwritten forms will be denied. This is a two-part form.

- Part One is completed by the applicant and given to the individual providing the recommendation.
- Part Two is completed by the individual providing the recommendation. This individual will submit the completed recommendation form to FCB by mail, email or fax (see below).

Mail: Florida Certification Board
Attn: Certification Operations
1715 South Gadsden Street
Tallahassee FL 32301

Email: Certification Specialist's email or
admin_assist@flcertificationboard.org
Fax: 850-222-6247
Subject Line: Recommendation (applicant name)

REQUIREMENT

Professional Recommendation Definition	For certification purposes, a professional recommendation is provided by an individual who has direct knowledge of the applicant's on-the-job performance. The professional recommendation should discuss the applicant's work performance as it relates to the role and expectations required of the certification. While teamwork, experience and work ethic are the types of things discussed, the recommendation should give the FCB an idea of the type of individual applying for certification. Individuals providing a recommendation may not be in a subordinate position to the applicant.
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All information must be typed. Handwritten forms will be denied.

Part 1: To be completed by the applicant prior to providing to individual for completion.

Applicant Information: Use a separate form for each individual providing a recommendation for certification.	
Applicant Name: Sheila Toledo Gonzalez	
Credential Applied For: CBHCM-S	
Name of Certification Specialist, if known: Justin Snyder	
Name of Individual Providing the Recommendation: Victor Manuel Gonzalez Baute	

Part 2: To be completed by the recommender and submitted directly to the FCB.

Section A: Recommender's Contact Information: All fields, including a valid email address, are required to be completed.	
Last Name: Gonzalez Baute	First Name: Victor
Title: CBHCM	Employer: Florida Social Health Solutions
Email Address: cubanvictor@gmail.com	Business Phone: (407) 818-0019
Work Address: 14411 Commerce way ste 310	
City: Miami Lakes	State: FL Zip Code: 33016

Section B: Please describe the nature of your relationship with the applicant, including how you are eligible to provide the applicant with a recommendation for certification.

This is my personal recommendation for Sheila Toledo for a Certified Behavioral Health Case Manager Supervisor position (CBHCM-S). I know Sheila as a coworker, I found her to be consistently pleasant, tackling all assignments with dedication and confidence. Sheila is a take-charge person who is able to present creative ideas and communicate the benefits. She is a team player and would make a great asset to any organization. Based on my experience, I confidently recommend Sheila for the supervisor position due she loved take care of others; and knows everything related with her job, she is hardworking, responsible and organized person.



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Section B Continued: Please describe why you believe the applicant would be a successful member of the profession in which he or she is seeking certification. Please include specific examples of incidents where you observed the applicant successfully demonstrating skills expected of a certified professional.

Sheila providing direct behavioral health case management services successfully with good engagement with her clients for more than three years. I also confirm Sheila's interpersonal skills with client and coworkers are good. She had reliable medical knowledge based on her dentistry studies, and other certification and previous trainings. She had bilingual skills and after the working experience together I testify that she inspire trust to her clients and coworkers.

Section C: Attestation

I affirm that all of the information that I have provided on this form and any provided attachments is true, to the best of my knowledge.

I affirm. I do not affirm.

I affirm that I recommend the applicant listed in Part 1 of this form for certification with the Florida Certification Board.

I affirm. I do not affirm.

03/14/2023

Recommender's Signature (FCB accepts manual and electronic signatures)

Date