



Colleague/Co-worker Evaluation

The person requesting you to complete this form is seeking certification as a biblical counselor. Your input regarding his/her character is very important to us. We request your candid input on the following matters:

1. The applicant's spiritual maturity.

2. How the applicant responds to criticism/admonition/instruction.

3. The applicant's level of dependability.

4. The applicant's speech, (i.e. does he/she edify others or tear down?)

5. The applicant's availability and willingness to serve others.

Additional Comments:

Applicant's Name _____ Date _____

Your Name _____

Relationship to Applicant _____ How Long? _____

This is not to be returned to the applicant. Please send this directly to the NANC office by email Certification@NANC.org or regular mail 3600 W. 96th Street, Indianapolis, IN 46268.