

**Committee of Licensing Authority
The Japanese Association of Psychological Rehabilitation**

Recommendation Form for Authorized Supervisor

I certify that the following person has completed the fixed training programs of psychological rehabilitation and therefore she/he is qualified as a authorized Supervisor of Psychological Rehabilitation candidate under the provisions and agreement of the committee of licensing authority, The Japanese Association of Psychological Rehabilitation.

Supervisor's Name and Signature: _____

Supervisor's Affiliation: _____

Supervisor's Name and Signature: _____

Supervisor's Affiliation: _____

Supervisor's Name and Signature: _____

Supervisor's Affiliation: _____

Recommendee's

Family Name Middle Name Given Name Date of Birth

_____ / _____ / _____

Present address of residence	
Tel. + ()	e-mail: _____
Present work place address	
Tel. + ()	e-mail: _____

Details of Previous Psychological Rehabilitation Camp attended:

Camp Name & Place	Period		Supervisor's Name	Remarks
	From	To		

Note:

- 1) If the recommendees are instructed by some supervisors, fill in all the supervisors' name in Remarks.
- 2) If the recommendees are instructed by a person without the authorized qualification, write down the supervisor's name with the authorized qualification who participates the camp in Remarks.

<Other achievements after obtaining the qualification as the authorized trainer (i.e. case reports and/or presentations etc.>
