

Practicum Evaluator Signature Sheet

Applicants for National Certification Center Approval
Practicum Evaluator Signature Sheet



National Certification Center of Energy Practitioners
31907 South Davis Ranch Rd. Marana, AZ 85658
Email application materials to: application@nccoep.org
Questions: 1-520-609-1766 or info@nccoep.org

To Practitioners: Please include a complete (all pages) filled out copy of this document with your submission. Do include a bio, resume or CV for each of your evaluators. Submit the documents required by email or by mail. Be aware your overall application will be processed when all of the required documents and your payment is received. Please all required documents and check or money order to the address above and made out to NCCOEP.

To Evaluators: This is a legal document and you are taking a level of responsibility for your actions when you are approving the individual in saying that they are a competent practitioner. Should there be any future issues with this practitioner you could be called to testify on their competence. Do not approve any individual that you do not believe is a competent practitioner. Do approve individual's that have the appropriate skills and that you believe is a competent practitioner.

For each evaluation there must be three senior practitioners from the same division. One at least from the style of work of the practitioner and two may be of a similar but not the same style. For passing all must agree that the practitioner is competent. You are assessing the practitioner within their own style of work and in their specific division.

Please use the following criterion:

1. Did the practitioner appropriately greet the participant?
2. Did the practitioner maintain both appropriate contact and appropriate boundaries throughout the process? (All sessions are done with all individuals fully dressed (may be minus shoes).
3. Did the practitioner create a safe space for the participant?
4. Did the practitioner appropriately assess the session that needed to be done?
5. Did the practitioner ask the participant what they wanted worked on in the session?
6. Were appropriate boundaries maintained by the practitioner?
7. Was the session itself appropriate?
8. Did the practitioner do appropriate closing of the session?
9. Did the practitioner do appropriate follow-up and referrals if they were necessary?
10. Did the practitioner do appropriate clean-up and space management after the session?

Please Initial Each Page of this document.

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Practitioner

Evaluator one

Evaluator Two

Evaluator Three

PRACTICUM SIGNITURE SHEET

Date of Practicum Exam: _____

Place of Practicum Exam: _____

Which Division: _____

Evaluator One:

Name: _____

Address: _____

Phone Number: _____

Email: _____

Years of Professional Practice: _____

I do confirm that _____ is a competent practitioner and is an appropriate person to receive national approval.

Signature

Date

Print name and professional designations

Evaluator Two:

Name: _____

Address: _____

Phone Number: _____

Email: _____

Please Initial Each Page of this document.

Practitioner

Evaluator one

Evaluator Two

Evaluator Three

Practicum Evaluator Signature Sheet

Years of Professional Practice: _____

I do confirm that _____ is a competent practitioner and is an appropriate person to receive national approval.

Signature Date

Print name and professional designations

Evaluator Three:

Name: _____

Address: _____

Phone Number: _____

Email: _____

Years of Professional Practice: _____

I do confirm that _____ is a competent practitioner and is an appropriate person to receive national approval.

Signature Date

Print name and professional designations

Please Initial Each Page of this document.

Practitioner Evaluator one Evaluator Two Evaluator Three