



**Applicant:** Please request professional references from three (3) *different* individuals from three (3) *different* companies with whom you have worked in the past. Only one (1) may be from your current firm. All responses must be sent from the reference to TMA in a sealed envelope. TMA will not accept forms, even if they are sealed, directly from applicants.

**Reference:** Upon completion, please print form, manually provide signature and date, and submit this completed form in a sealed envelope to TMA.

TMA • 150 S. Wacker Drive, Suite 900 • Chicago, IL 60606  
 Phone: (312) 578-6900 • Fax: (312) 578-8336 • Email: certification@turnaround.org

**CONFIDENTIAL PROFESSIONAL REFERENCE**

**TO BE COMPLETED BY APPLICANT**

Applicant Name: \_\_\_\_\_  
First MI Last Suffix

Company: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Waiver: I hereby waive any right to review or seek discovery of the respondent's statements made in the Professional Reference.

**By placing an x in the box, signing my name and providing the date below, I confirm my understanding and compliance with the terms of this document.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have asked the following individual to complete this Professional Reference:

Professional Reference Name: \_\_\_\_\_  
First MI Last Suffix

Company: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**TO BE COMPLETED BY PROFESSIONAL REFERENCE**

The applicant above is pursuing certification as a Certified Turnaround Professional or Certified Turnaround Professional–Designate. Your answers should reflect the applicant's qualifications and ability to maintain professional and ethical standards.

You may be contacted by one or more members of TMA's Standards Subcommittee for follow-up. If so, what is the best way to contact you? \_\_\_\_\_

Contact information: \_\_\_\_\_

**By signing and dating below I represent that my answers on the reverse are, to the best of my knowledge, true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Professional Reference:**  
 Please complete the information on the following page and return this entire form to TMA in a **sealed envelope**. TMA will NOT disclose the contents of this reference nor distribute copies to the applicant due to the sensitive nature of its contents.

**Professional Reference:**

Please complete the information below and return the entire printed and signed form to TMA in a **sealed envelope**.

**Note:** Each multi-line field has a maximum number of characters accepted.  
If you need additional space for any question, please attach a separate sheet.

1. What is your occupation? \_\_\_\_\_

2. How long have you known the applicant? Personally \_\_\_\_\_ Professionally \_\_\_\_\_

3. In what capacity have you known the applicant?

4. Are you related to the applicant?  Yes  No

If yes, how? \_\_\_\_\_

5. What do you see as the applicant's strengths?

6. What do you see as the applicant's weaknesses?

7. Please rate the applicant on the following, with 1 being extremely low and 5 being extremely high:

Professional integrity:  1  2  3  4  5

Ethical behavior:  1  2  3  4  5

8. Do you have any reason to question the applicant's integrity?  Yes  No

If yes, please comment:

9. Are you aware of any illegal activity or professional misconduct in the applicant's past that would reflect negatively on him/her or on the turnaround profession?  Yes  No

If yes, Please comment:

10. Would you recommend this individual for certification?  Yes  No

Please comment:

11. Are you a member of the Turnaround Management Association?  Yes  No

Thank you for your responses.