



AMERICAN INSTITUTE OF HYDROLOGY CONFIDENTIAL REFERENCE FORM

AIH FORM009A Rev. 11/21/17

DATE: _____

APPLICANT NAME: _____

To be presented to the Referee by the Applicant and returned by the Referee to AIH.

NAME OF REFEREE: _____

FOR OFFICE USE ONLY	
Application No.:	_____
Date Received:	_____

Application for Certification as:

MEMBERSHIP LEVEL	SPECIALTY AREA
<input type="checkbox"/> Professional Hydrologist (H) / Hydrogeologist (HG)	<input type="checkbox"/> Surface Water (SW)
<input type="checkbox"/> Hydrologist-In-Training (HIT)	<input type="checkbox"/> Ground Water (GW)
<input type="checkbox"/> Associate Member (AH)	<input type="checkbox"/> Water Quality (WQ)

INSTRUCTIONS TO THE REFEREE:

Please complete and return this form as soon as possible. You may attach additional sheets if necessary. The Institute has strict requirements on the qualifications which are evaluated from several sources, one of them being the judgment of persons who are familiar with the Applicant's qualifications, professional conduct and moral character.

The Applicant has signed the following statement: "Applicant understands that the letters of recommendation and other information received during the evaluation process will be treated as confidential to the officials of the Institute and used solely for decision in the application process, and therefore, agrees that the content of these appraisals shall not be made known to anyone else, including the applicant."

SECTION 1: How long have you known the Applicant and in what capacity?

SECTION 2: How would you compare the Applicant in professional competence and promise with others you have known at this same state in their career?

SECTION 3: If the Applicant is known to you for in-depth expert knowledge on any one of several topics within the general field of hydrology, please list:

SECTION 4: Give at least one example of a decision or situation where the Applicant exercised exceptional professional judgment and/or behavior?

SECTION 5: In your opinion, is the Applicant competent to be placed in responsible charge of professional work in the area of?

Surface Water Yes No

Ground Water Yes No

Water Quality Yes No

SECTION 6: On balance, do you:

Strongly support favorable consideration

Support favorable consideration

Not support favorable consideration

SECTION 7: If you cannot support this Applicant for favorable consideration, please provide the reasons:

SECTION 8: Provide any further pertinent information on the Applicant:

REFEREE:

Please print your name:

Signature:

Affiliation of Referee:

Address of Referee:

City:

State:

Country:

Zip Code:

THANK YOU FOR YOUR ASSISTANCE. PLEASE RETURN THIS COMPLETED FORM TO:

American Institute of Hydrology
PO Box 3948
Parker, CO 80134