



Name of Sponsoring Agency or Institution: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Tel: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Candidate: \_\_\_\_\_

Candidates should be, or should have a committed and sincere desire to become, a substance abuse professional practicing in Bermuda. Please explain why you are recommending this candidate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**We expect a Fellow to undertake work in the substance abuse field in Bermuda for at least two years upon completion of study.**

Do you believe the candidate is willing and able to commit to meet this commitment? **YES / NO**

Is the agency/institution with which you are affiliated in a position to employ a trained Fellow for at least two years? **YES / NO**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_