



## ADI CANDIDATE APPLICATION LETTER OF RECOMMENDATION FORM

The Board of Assistance Dogs International (ADI) requires all nonprofit programs applying for Candidate Status with ADI to receive a letter of recommendation from an ADI Accredited Member program. **ADI wants to learn as much about the program as possible so we know their strengths and where they may need additional support during their Candidacy. They may not meet all the standards yet, but we are looking for programs that we feel can and want to change and adapt to meet ADI standards in the next 2 – 5 years.**

- Person completing the recommendation is recommended to have visited the facility in person (or required virtually if in-person is impossible).
- Person completing the recommendation should be knowledgeable enough about the program to provide detailed information on:
  - Welfare of the dogs in the program
  - Client Services
  - Impressions of the program's facility
  - Ability of the program to meet and follow ADI standards

Please complete this form to the best of your ability based on your knowledge and experience with the potential candidate program. Include a separate paper if needed referencing the question number.

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**NAME OF APPLICANT ORGANIZATION:** \_\_\_\_\_

**YOUR NAME AND TITLE:** \_\_\_\_\_

**NAME OF YOUR PROGRAM:** \_\_\_\_\_

**YOUR PHONE NUMBER:** \_\_\_\_\_ **YOUR EMAIL:** \_\_\_\_\_

**1. How long have you known this program? What is your relationship?**

NAME OF APPLICANT ORGANIZATION: \_\_\_\_\_

**2. Are you giving this recommendation in a personal or professional capacity?** If you provide professional services to this program, please tell us your profession, and describe the services you are providing.

**3. Please provide your impressions on the welfare of the dogs in the program's care.** Describe, if possible, how trainers interact with the dogs, training methods used, general health and welfare of the dogs, and any other information important for ADI to consider.

**4. Please provide your impressions of the program's client services.** Describe, if possible, client training and follow up procedures. If you have had contact with the program's clients and/or graduates please give your thoughts on the views expressed to you by them.

NAME OF APPLICANT ORGANIZATION: \_\_\_\_\_

**5. Please give us your impressions of the program’s headquarters and training facility(ies).**

Describe, if possible, general appearance of where they house their dogs and where they hold training for clients.

**6. Has the program indicated they are aware of and committed to ADI Standards? Do you have the impression this program is able and willing to meet all ADI Standards within the next 2-5 years?**

**7. Although not required, would your program consider providing assistance and/or support to this potential Candidate program?**

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

**Thank you for taking the time to provide a reference for this potential Candidate Program!**

Please return this form to Shannon Chaney, Candidate Program Coordinator:

[shannon@assistancedogsinternational.org](mailto:shannon@assistancedogsinternational.org)

In Europe, please return this form to Steph Atkin, ADEu Development Coordinator:

[steph@assistancedogsinternational.org](mailto:steph@assistancedogsinternational.org)