



# Confidential Professional Reference

This form may be completed by typing directly into the body of the PDF document. TMA will not accept any forms directly from the applicant. Please note: This form should be completed by individuals employed by distinct firms or otherwise known in a professional capacity.

**Turnaround Management Association**, 150 North Wacker Drive, Suite 1900, Chicago, Illinois 60606  
p: +1 312 578 6900, f: +1 312 578 8336, e: certification@turnaround.org

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## TO BE COMPLETED BY APPLICANT

Applicant First Name	Middle Name	Last Name	Suffix
Company			
Business Address	City	State	Zip

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

**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

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

Reference First Name	Middle Name	Last Name	Suffix
Company			
Business Address	City	State	Zip

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## TO BE COMPLETED BY PROFESSIONAL REFERENCE

The applicant above is pursuing certification as a Certified Turnaround Analyst. 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 this page and return this entire form to TMA via email or in a **sealed envelope**. TMA will not disclose the contents of this certification nor distribute copies to the applicant due to the sensitive nature of its contents.

## PROFESSIONAL REFERENCE

Please complete the information on this page and return this entire form to TMA via email or in a sealed envelope.

**Note:** Each multi-line field has a maximum number of characters accepted.  
If you need additional space for any questions, 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 weakness?

7. Do you have any reason to question the applicant's professional integrity or ethical behavior?  Yes  No

If yes, please comment:

8. 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:

9. 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.**