



Referee Statement



Exam Types:

CFSE/CFSP

- Process Safety (Applications)
- Safety Hardware Development
- Safety Software Development
- Machinery Safety (Applications)
- Automotive Safety



CACE/CACS

- Integration Cybersecurity
- Automation Cybersecurity
- Software Development Cybersecurity

Candidate Check List		
Application/Code of Conduct <i>Due 2 weeks before exam</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Education (E-mailed COPY of diploma and/or transcripts) <i>Due 90 days after exam</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Case Study (CFSE/CACE ONLY) <i>Due 90 days after exam</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Referee Statements CFSE/CACE (QTY 4) CFSP/CACS (QTY 2) <i>Due 90 days after exam</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payment (2Checkout.com or academy@exida.com) MUST e-mail receipt for academy@exida.com or PO <i>Due 2 weeks before exam</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Candidates please e-mail this document to your referees.

E-mail saved Referee Statements in **PDF** format to:
CFSE Administrator
admin@exidacfse.com



Referee Statement



To be completed by Referee ONLY: ALL information provided on this form must be TYPEWRITTEN (Handwritten Referee's will NOT be accepted).

Applicant's Name (As listed on applicants application)	<input type="text"/>	Middle Initial	<input type="text"/>	Last Name	<input type="text"/>
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Referee's Background Information:

First Name	<input type="text"/>	Middle Initial	<input type="text"/>	Last Name	<input type="text"/>
Company Name	<input type="text"/>	Company Title/Position	<input type="text"/>		
Company Street Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>
		Zip/Country Code	<input type="text"/>	Day Time Phone Number (Include country & city codes)	<input type="text"/>
E-mail	<input type="text"/>	How long have you known the applicant?	<input type="text"/>	Are you a CFSE/CFSP/CACE/CACS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is or has been your relationship/ connection with the applicant?	<input type="text"/>		Are you related to the applicant by family?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

To be filled out by referee ONLY:

Briefly describe the applicant's general work experience including/concerning safety instrumented systems or cyber security related work.

Do you recommend the applicant for request in this application? Yes No

Verification Statement:

I verify that the statement in this application is true and correct to the best of my knowledge, information and belief and has been completed by the referee listed above.

Digital/Written Signature	<input type="text"/>	Date Signed	<input type="text"/>
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