

# IEA Accredited Professional (AP) Letter of Recommendation



Applicant Name:		Date:	
<b>1. Recommendation Provider's Contact Information</b>			
Recommendation Provider's Name:			
Recommendation Provider's Occupation:			
Address:			
City:		State/Prov:	Country:
Phone:		Email:	
<b>2. Recommendation Provider's Certification</b>			
Are you an IEA Accredited Professional? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "No", please summarize your level of knowledge and experience with the Enneagram:			
<b>By typing your initials in the boxes provided below, you are confirming the following:</b>			
	I am familiar with the Applicant's level of training and knowledge of the Enneagram and his or her skills in teaching and/or using the Enneagram. <b>Please describe below:</b>		
	I have observed the Applicant for at least one hour, in person or on tape, teaching, doing individual or group work, or otherwise using the Enneagram. <b>Please describe below:</b>		
	I am familiar with IEA's requirements for Accredited Professionals. ( <a href="#">IEA's Accredited Professional Requirements</a> are available and downloadable on the IEA website.)		
	I recommend that the Applicant be approved to become an IEA Accredited Professional.		

Please provide a detailed statement of the Applicant's level of knowledge and skills using the Enneagram.

### 3. Signature

Typing your name below constitutes your signature

Signature:

Date:

**SUBMISSION:**  
This document should be sent  
directly from the Recommendation  
provider to the IEA.

**EMAIL:** [accreditation@internationalenneagram.org](mailto:accreditation@internationalenneagram.org)

**MAIL:** International Enneagram Association  
4010 Executive Park Drive, Suite 100  
Cincinnati, OH 45241, USA

**Note:** *The IEA Staff may contact you on the behalf of the IEA Accreditation committee for further information or clarification.*