

# IEA Accredited Professional with Distinction (APD) Letter of Recommendation



Applicant Name:  Date:

## 1. Recommendation Provider's Contact Information

Recommendation Provider's Name:

Recommendation Provider's Occupation:

Address:

City, State/Prov:  Zipcode:  Country:

Phone:  Email:

## 2. Recommendation Provider's Certification

**By typing your initials in the boxes provided below, you are confirming the following:**

I am an IEA Accredited Professional.

I understand that the applicant has applied to become an IEA Accredited Professional with Distinction, a highly selective level of recognition the IEA awards to its most experienced and dedicated professionals. I have observed and/or worked with the Applicant in person over a significant period of time and confirm that his/her/their teaching, writing and other professional work and contributions have significantly advanced the mission of the IEA and the growth, development and understanding of the Enneagram. **Please describe in detail below your knowledge of the Applicant and his/her/their work and why you believe the Applicant's contributions warrant this recognition:**

## 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.