

# RACE Program – Presenter Recommendation Form



This form is to be completed by three (3) individuals, at least two (2) of whom are not employed by or otherwise affiliated with the presenter or the Provider and who are board-certified and/or have advanced degrees in the subject area. Should the Provider also be the presenter, outside individuals should complete all three forms.

Title of course/program to be presented:

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RACE Provider Name:

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Name of presenter you are recommending:

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Your Name:

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Your Credentials Information:

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Your Phone Number:

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Your E-Mail Address:

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Discuss your experience with the above individual as a speaker/presenter:

Discuss presenter's background in this field:

Please provide specific reasons for recommending the above individual as a speaker/presenter:

*I hereby certify that the above information is true and accurate to the best of my knowledge.*

Signature:

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**Completed forms should be submitted to AAVSB RACE:  
380 West 22nd Street, Suite 101, Kansas City, MO, 64108 or e-mailed to [race@aavsb.org](mailto:race@aavsb.org)**