

## CAMLI Professional References

### To: Referee

\_\_\_\_\_ has applied to the Canadian Anti Money Laundering Institute (CAMLI) to receive a CAMLI designation. A CAMLI Designation documents a Canadian professional's knowledge, understanding, and experience in the field of Anti Money Laundering and Counter Terrorist Financing Compliance (AML/CTF). You are being asked by the above applicant to provide a professional reference.

The purpose of this Reference Form is to give the Applicant opportunity to present independent evidence that their knowledge, skills, and work experience in AML/CTF demonstrates their eligibility for the credential. You have been asked to provide information which will assist the CAMLI Review Committee to make an informed decision as to the applicant's eligibility for this credential.

Criteria for acceptance of Professional References include:

- The applicant must have known the referee for at least one year.
- The applicant must have known the referee in a professional capacity.
- The referee must have recent knowledge of the applicant's work experience in AML/CTF (within the past two years).
- The referee must not be a family member.

Please provide your candid responses to the following questions. If you cannot answer a question, please indicate your inability to comment. If additional space is needed, please attach other notes.

This reference is provided in confidence. Please enclose the completed form in an envelope, sign the sealed edge, and return to the applicant for inclusion in the application package. The applicant does not see the completed form. You may also scan and email it directly to us at [contactus@camli.org](mailto:contactus@camli.org)

Thank You,

Jennifer Wilson  
CAMLI Registrar  
[jwilson@camli.org](mailto:jwilson@camli.org)  
[www.camli.org](http://www.camli.org)



# PROFESSIONAL DESIGNATION

## Professional References Form

Name of Applicant \_\_\_\_\_  
 Applicant's Position/Title (at time of working together): \_\_\_\_\_  
 Name of Referee \_\_\_\_\_  
 Position and Institution \_\_\_\_\_  
 Address \_\_\_\_\_  
 Business Phone Number \_\_\_\_\_  
 Business Fax Number \_\_\_\_\_  
 Email address \_\_\_\_\_

I have known the applicant in a professional capacity for \_\_\_\_ years and \_\_\_\_ months

I have known the applicant in the capacity of:

- Employer  
 Supervisor  
 Colleague  
 Business contact

Signature of referee \_\_\_\_\_

Date \_\_\_\_\_

Area of Responsibility	Rank	Comments
<i>Please rank the applicant as follows: 0 = Poor, 1 = Fair, 2 = Good, 3 = Very Good, 4 = Excellent, 5 = Outstanding, NA = Not Applicable</i>		
Professionalism		
AML/CTF policy/procedure development		
AML/CTF policy/procedure implementation		
AML/CTF reporting		
AML/CTF record keeping and identification		
AML/CTF employee training		
AML/CTF compliance program oversight		

Please comment on the applicant's strengths in AML/CTF compliance and their potential for development.

Please use this space to include anything else about the applicant that may help in determining his/her qualifications.

TO THE REFEREE: A letter of reference may be submitted in addition to this form. All reference letters must be on official letterhead and mailed in a sealed envelope along with the completed reference form.

This Confidential Report must be both prepared by and signed by the referee named above. Evidence to the contrary will lead to the cancellation of any offer of CAMLI designation. It is the policy of CAMLI to treat as confidential letters of reference that it receives.



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