

LETTER OF REFERENCE

APPLICANT'S NAME:

NOTICE

**ALL NDBSWE Files are subject to the
North Dakota Open Records Law.
Revised 12-2000**

**ND BOARD OF SOCIAL WORK EXAM
PO BOX 914
BISMARCK ND 58502-0914
PHONE: 222-0255
Web Site: www.ndbswe.com**

FIELD SUPERVISOR

Dear:

The person listed above has made application for a social work professional license in North Dakota and has listed your name as a reference.

We would appreciate your answers to the following questions in order to determine this applicants suitability for a license. The application cannot be heard until this information is provided.

1) In what capacity and for how long have you known this person? _____

2) To the best of your knowledge, has this person ever been convicted of an offense that has a direct bearing upon this persons ability to practice social work?
_____ Yes _____ No

3) To the best of your knowledge, is this person addicted to the habitual use of alcoholic beverages, narcotics, or stimulants?
_____ Yes _____ No

4) Do you have knowledge of any incidents, issues or concerns that should be considered by the board in determining this applicants eligibility for a social work License?
_____ Yes _____ No

5) Please explain any "yes" answers to questions 2-4 (above) and summarize your assessment of this persons ability to engage in the practice of social work:

6) Do you recommend this applicant for a social work license?
_____ Yes _____ No

If no, please explain: _____

Thank you

Signature of Reference