

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**  
**www.ndbswe.com**

**FACULTY ADVISOR**

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