

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

SOCIAL WORKER

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 person's ability to practice social work?

Yes No

3) To the best of your knowledge, has this person ever abused alcohol or drugs or experienced any mental health difficulties which could impair this person's ability to practice social work?

Yes No

4) Do you have knowledge of any incidents, issues or concerns that should be considered by the board in determining this applicant's 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 person's ability to engage in the practice of social work:

Four horizontal lines for text entry.

6) Do you recommend this applicant for a social work license?

Yes No

If no, please explain:

Three horizontal lines for text entry.

Thank you,

Signature of Reference

Print name of reference

Date