

APPLICANT'S NAME:

**NOTICE**

**ALL NDBSWE Files are subject to the  
North Dakota Open Records Law.  
Revised 3/2015**

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

**SUPERVISOR OR 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 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Print name of reference

\_\_\_\_\_  
Date