APPLICANT'S NAME:

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

FACULTY ADVISOR OR 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. This reference is also sufficient for the letter of good standing needed for testing approval.

     We would appreciate your answers to the following questions in order to determine this applicant's suitability for a license. The application cannot be heard until this information is provided. You may use a separate sheet of paper if necessary.

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 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 person's ability to engage in the practice of social work:

_____
_____
_____
_____

6) If you are the applicant's faculty advisor, is this person currently completing a social work program and in good standing?

        _____ Yes   _____ No, please explain below.   _____ Not Applicable

7) 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