



NORTH CAROLINA
SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

Post Office Box 1043
Asheboro, North Carolina 27204

www.ncswboard.gov

Phone (336) 625-1679
Fax (336) 625-4246

Professional Reference Form
(Top portion to be completed by applicant)

Applicant Name _____ **Date** _____

Reference Name _____ **Level applied for** _____

I hereby authorize the person named above to provide the North Carolina Social Work Certification and Licensure Board with the following information applicable to my qualifications as an applicant for certification/licensure. I understand that federal legislation provides me with a right of access to this information. This right may be waived, but no organization or person can require me to do so. **[Failure to check one of the boxes will be deemed an incomplete reference and result in a delay of the application review process and may require additional references.]**

() I hereby waive my right to access the information provided.

() I do not waive my right to access the information provided.

Applicant Signature

To be completed by designated Reference:

The above named individual is in the process of applying for social work certification/licensure. Your input and candor in completing this reference would be appreciated. Please print legibly or type all answers. Carefully answer each question. Please return this form to the applicant in an envelope with your signature over the sealed closure. In turn, the applicant will forward your sealed reference to the Board Office with the completed application packet. You may also feel free to write or call the Board directly if you have any special concerns.

1. What is your profession?

2. What is your present position?

3. What is or was your relationship with this applicant?

4. How long have you known the applicant?

5. What is your knowledge of the applicant's professional qualifications?

(circle one)

Limited

Moderate

Thorough

6. To the best of your knowledge has this applicant ever been guilty of unprofessional conduct, dishonest practice, incompetence, or fraud? No _____ Yes _____

7. Are you aware of any issues (substance abuse, emotional disorders, etc.) that would impair this individual's ability to practice? No _____ Yes _____

8. Do you have any concerns about this individual that you would like to bring to our attention?

No _____ Yes _____

Describe _____

General Evaluation

(Please Check)	Poor	Good	Superior	Unknown
1. Professional Judgment	_____	_____	_____	_____
2. Ethical Conduct	_____	_____	_____	_____
3. Competence and Skill	_____	_____	_____	_____
4. Concern and Empathy	_____	_____	_____	_____
5. Record Keeping	_____	_____	_____	_____
6. Client Relationships	_____	_____	_____	_____
7. Written Communication	_____	_____	_____	_____
8. Verbal Communication	_____	_____	_____	_____
9. Social Work Knowledge Base	_____	_____	_____	_____

Recommendations

- ____ Recommend highly, without reservation
- ____ Recommend as qualified and competent
- ____ Recommend with some reservation (Please explain below)
- ____ Do not recommend (Please explain below)

Comments

Please list any notable strength, weaknesses, special skills, reservations, or other information that will assist us in assessing this applicant's suitability for certification/licensure.

Signed _____ Date _____

Address _____

City, State, Zip _____ Phone(s) _____

Return this form to the applicant in an envelope with your signature over the sealed closure.

Thank you for your assistance