Dear Social Worker Applicant:

Enclosed please find your application packet. Included you will find information and forms necessary to understand and initiate the application process.

Please read the information carefully before initiating any inquiries. If you have any questions after careful review, please feel free to contact the Board office. Please allow a minimum of 10-14 business days for processing of any complete application packet. Upon completion of the review process, you will be notified by mail.

**NOTE:** When submitting your application please include **ALL** necessary documents in one complete packet (excluding Verification of Licensure from another jurisdiction as it must come directly from the jurisdiction’s regulatory board). DO NOT SEND DOCUMENTS SEPARATELY. Be sure that the Professional Reference Forms are in sealed envelopes with the signature of the reference over the sealed closure. Only official (sealed) transcripts and primary source score reports (in sealed envelopes) are acceptable. **AN APPLICATION WILL NOT BE REVIEWED UNTIL ALL REQUIRED DOCUMENTS HAVE BEEN RECEIVED.**

*If you would like verification of receipt of your application, please mail your application with delivery confirmation.*

Please note that clinical licensure is a license to practice, and is mandatory for those who practice **clinical social work in North Carolina.** All other credentialing levels are voluntary, but highly valued.

Certification/Licensure is a significant professional milestone that benefits those we serve and our profession as a whole. We wish you well with this effort and with your other professional endeavors.

Sincerely,

The North Carolina Social Work Certification and Licensure Board
APPLICANT INFORMATION

Application and Application Fee: Application for certification/licensure must be on the forms provided by this Board and must be received and approved by the Board prior to any applicant being authorized to take the Association of Social Work Boards (ASWB) professional examination. An application fee of $115.00 (US dollars), payable by certified bank check or money order to the NCSWCLB, must accompany the application for certification/licensure. No personal checks are accepted. Please review Certification & Licensure Levels and Eligibility Requirements carefully as application fees are not refundable. Individuals who apply for more than one level of certification/licensure must check the appropriate box(es) and forward an additional application fee for each credentialing level ($115 per level). Professional reference forms must be dated within a year from receipt of the application by the Board office. Applications for certification/licensure are valid for two years from the date of initial receipt.

- **APPLICATION FOR CERTIFICATION (Non-clinical social work practice):** Complete pages, 1, 3, 4, and 5 of the application and enclose other documents as applicable to the level for which you are applying. Application, Fee, Professional Reference Forms and transcript required for all levels.

- **APPLICATION FOR LICENSURE:** Complete pages 2, 3, 4, and 5 of the application and enclose other documents as applicable for the level for which you are applying. Application, Fee, Professional Reference Forms and transcript required for all licenses.

- **APPLYING FOR MULTIPLE LEVELS:** If you are interested in applying for more than one level (i.e. licensure and certification), then you will need to complete all five pages of the application and submit an application fee of $115 for each level for which you are applying, along with the Application, Professional Reference Forms, transcript, and any other required documentation.

The North Carolina General Statute 9OB-11(a) provides that the Board may, in accordance with the provisions of Chapter 150B of the General Statutes, deny, suspend, or revoke an application, certificate, or license on any of the following grounds:

1) Conviction of a misdemeanor or the entering of a plea of guilty or nolo contendere to a misdemeanor under this Chapter.

2) Conviction of a felony or entering of a plea of guilty or nolo contendere to a felony under the laws of the United States or any state of the United States.

3) Gross unprofessional conduct, dishonest practice, or incompetence in the practice of social work.

4) Procuring or attempting to procure a certificate or license by fraud, deceit, or misrepresentation.

5) Any fraudulent or dishonest conduct in social work.

6) Inability of the person to perform the functions for which he or she is certified or licensed, or substantial impairment of abilities by reason of physical or mental disability.

7) Violations of any of the provisions of this Chapter or rules of the Board.
CERTIFICATION & LICENSURE LEVELS AND ELIGIBILITY REQUIREMENTS

NOTE: Educational requirements are based on a social work degree from a social work program accredited by the Council on Social Work Education (CSWE). Applicants whose social work degree was obtained outside of the United States or its territories should contact CSWE at 1725 Duke Street | Suite 500 | Alexandria VA 22314-3457 to determine educational equivalency.

LEVEL A - CERTIFIED SOCIAL WORKER (CSW)

EDUCATION: BSW from CSWE accredited undergraduate school

EXAMINATION: ASWB Bachelors level examination

LEVEL B - CERTIFIED MASTER SOCIAL WORKER (CMSW)

EDUCATION: MSW, DSW, or PhD in social work from CSWE accredited school

EXAMINATION: ASWB Masters level examination or ACSW examination

LEVEL C - LICENSED CLINICAL SOCIAL WORKER (LCSW) - A mandatory license for clinical practice.

EDUCATION: MSW, DSW or PhD in social work from CSWE accredited school

EXAMINATION: ASWB Clinical level exam

EXPERIENCE: Minimum of 3,000 hours of paid post MSW employment (appropriately supervised clinical practice) accumulated in no less than two (2) years, nor more than six (6) years.

SUPERVISION: 100 hours of supervision from a LCSW, MSW with an additional two-years post LCSW clinical social work practice, on a regular basis: at least one (1) hour of supervision for every thirty (30) hours of clinical practice. A maximum of twenty-five (25) hours may be group supervision.

LEVEL C – LICENSED CLINICAL SOCIAL WORKER ASSOCIATE (LCSWA)

EDUCATION: MSW, DSW or PhD in social work from CSWE accredited school

The Associate License (LCSWA) is available for new graduates and for applicants who have not satisfied all requirements for LCSW licensure. Applicants approved and issued the LCSWA license may practice only with appropriate LCSW supervision.

LEVEL H - CERTIFIED SOCIAL WORK MANAGER (CSWM)

EDUCATION: BSW, MSW, DSW, or PhD in Social Work from a CSWE accredited school.

EXAMINATION: ASWB Advanced Generalist level examination

EXPERIENCE: Three thousand (3,000) hours of paid employment accumulated in no less than two (2) years, no more than six (6) years in an administrative setting. Supervised practice must have occurred within the six year period prior to the date of application.

SUPERVISION: One hundred (100) hours of supervision by a Social Work Administrator certified by the Board on at least one level with a minimum of five years administration experience in a social work or mental health setting provided on a regular basis. A maximum of fifty (50) hours may be group supervision.
CERTIFICATION / LICENSURE BY COMITY

North Carolina does not recognize licensure by reciprocity or endorsement. Certification or licensure may be granted through comity.

Application for certification/licensure by comity is based on current and active registration, certification, or licensure in another state or jurisdiction at an equivalent credentialing level. The requirements satisfied in that state/jurisdiction must be determined by this Board to be substantially equivalent to those requirements specified under North Carolina Statutes and Rules. The Board will be considering defined scope of practice, experience requirements, supervisory requirements, continuing education, and appropriate examination. For this reason, the Board will need to view the regulatory requirements that were in place at the time you were granted initial certification, licensure, or registration.

You may apply for certification/licensure by comity only if you are currently (active status) certified, licensed, or registered as a social worker by a similar board in another state/jurisdiction. The North Carolina Board may recognize the qualifications acquired in your current state/jurisdiction. The standards and qualifications required for the practice of social work in your state/jurisdiction must be substantially equivalent to those required by the State of North Carolina.

In order to apply for comity you will need to apply to the Board in normal course (application fee, completed application form, completed and sealed professional reference forms, and sealed official transcript). In addition, you will need to provide the Board with a copy of your state/jurisdiction law defining the qualifications under which you were certified, registered, or licensed (those regulations that were in place at the time you were granted certification/licensure/registration), verification of your current credential, AND certified proof of having passed the Association of Social Work Boards (ASWB) examination required for your level of certification/licensure. An official ASWB score report can be obtained by contacting ASWB at 1-800-225-6880 to request a score transfer. If you are unable to secure a copy of the regulations that were in place at the time of initial certification/licensure/registration, you may have your regulatory board document requirements met through completion of a License Verification document.

If you are certified or licensed in another jurisdiction by exam exemption (have not taken and passed the ASWB examination required for the applicable level for which you are applying), you may qualify for exam eligibility. Certification or licensure will not be granted until the examination requirement has been satisfied.
**APPLICATION**

[Application is valid for two years from date of initial receipt by the Board]

Applying for:  Certification _____ Licensure _____ Both _____  Name (print) _______________________

**REQUIRED FOR ALL CREDENTIALING LEVELS:**

- Official application (notarized signature required)
- Non-refundable fee of $115 per level (payable by money order to NCSWCLB - No personal checks accepted)
- Three completed Professional Reference Forms in sealed envelopes (signed over the closure)
- Official transcript in an envelope sealed by school

**The CSW (level A), CMSW (level B), and CSWM (level H) certification credentials are NOT a license to engage in clinical social work practice. North Carolina requires licensure as a Licensed Clinical Social Worker (level C) to engage in or offer to engage in clinical social work practice. If you wish to apply for licensure, skip this page and begin with page 2. If you do not qualify for LCSW licensure you may apply for (level C) Associate License as a LCSWA.**

**Check the level(s) you are applying for and any appropriate condition(s) - attach appropriate documents when applicable **

___ LEVEL A – CERTIFIED SOCIAL WORKER (CSW)

_____ Not currently credentialed as a social worker in any other jurisdiction.

_____ Comity: Enclose verification of current certification, license, or registration and certified proof of having passed the ASWB Bachelors Level Examination.

___ LEVEL B – CERTIFIED MASTER SOCIAL WORKER (CMSW)

_____ Not currently credentialed as a social worker in any other jurisdiction.

_____ Comity: Enclose verification of current certification, license, or registration and certified proof of having passed the ASWB Masters Level Examination or ACSW exam.

___ LEVEL H – CERTIFIED SOCIAL WORK MANAGER (CSWM)

_____ Not currently credentialed as a social worker in any other jurisdiction.

_____ Enclose completed CSWM Administrative Supervision Form AND Employment Verification Form to demonstrate administrative experience, (Supervised experience must have occurred within the last six years).**Administrative Supervision and Employment Verification forms are available for download under the Certification & Licensure tab (FORMS) on our website at www.ncswboard.org.**

_____ Comity: Enclose copy of state/jurisdiction law determining qualifications you were certified under and verification of current license, (Requires certified proof of having passed the ASWB Advanced Generalist Exam).
NORTH CAROLINA SOCIAL WORK CERTIFICATION AND LICENSURE BOARD  
(NCSWCLB)  
P.O. BOX 1043  
ASHEBORO, NORTH CAROLINA 27204  

APPLICATION  
[Application is valid for two years from date of initial receipt by the Board]  

Applying for: Certification _____ Licensure _____ Both _____  
Name (print) _______________________________________________  

**REQUIRED FOR ALL CREDENTIALING LEVELS:**  

- Official application (notarized signature required)  
- Non-refundable fee of $115 per level (payable by money order to NCSWCLB - No personal checks accepted)  
- Three completed Professional Reference Forms in sealed envelopes (signed over the closure)  
- Official transcript in an envelope sealed by school  

** The CSW (level A), CMSW (level B), and CSWM (level H) certification credentials are NOT a license to engage in clinical social work practice. North Carolina requires licensure as a Licensed Clinical Social Worker (level C) to engage in or offer to engage in clinical social work practice. If you do not qualify for LCSW licensure you may apply for (level C) Associate License as a LCSWA. **  

** Check the level you are applying for and any appropriate condition(s) - attach appropriate documents when applicable **  

___ LEVEL C – LICENSED CLINICAL SOCIAL WORKER (LCSW)  

_____ Comity: Enclose copy of the state/jurisdiction law determining qualifications you were licensed under, verification of current and active license, and certified proof of having passed the ASWB Clinical Level Examination.  

_____ Comity: (as above, but without having taken the ASWB Clinical Examination.) Enclose copy of the state/jurisdiction law determining qualifications you were licensed under and verification of current and active license. [Application will be reviewed for exam eligibility only. Licensure will not be granted until the exam requirement is met.] **The License Verification form is available for download under the Certification & Licensure tab (FORMS) on our website at www.ncswboard.org.**  

___ LEVEL C – LICENSED CLINICAL SOCIAL WORKER ASSOCIATE (LCSWA)  

_____ WITHOUT any post-masters supervised clinical experience, (Submit only those items bulleted above).  

_____ Comity: WITH some post-masters supervised clinical experience in another state/jurisdiction, (In addition to the bulleted items, submit Employment Verification Form AND Clinical Social Work Supervision Form, and a copy of current and active license). **Submit only supervised clinical practice that has occurred within the previous four years. ** These forms are available for download under the Certification & Licensure tab (FORMS) on our website at www.ncswboard.org.**
SECTION I: Identifying Information (Type or Print clearly)

A. Legal Full Name: First Middle (Maiden) Last

B. Mailing Address: Street P.O./Apt. City St. Zip County

C. Social Security Number Date of Birth Place of Birth

D. Home Phone Work Phone Fax Email

E. NAME: Print name as it appears on legal identification (this is how it will appear on your certificate)

SECTION II: Education Information

<table>
<thead>
<tr>
<th>School</th>
<th>Location</th>
<th>Degree</th>
<th>Subject</th>
<th>Graduation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SECTION III: Professional References

Please provide the following information for the three persons supplying the professional reference forms on behalf of your application for certification/licensure. One of your references must have served as your supervisor. The other two references must be familiar with your social work practice. Relatives, subordinates, and clients are not acceptable references.

1. Supervisor’s Name Address

   Professional Relationship Telephone Years Known

2. Name Address

   Professional Relationship Telephone Years Known

3. Name Address

   Professional Relationship Telephone Years Known
SECTION IV: Professional Employment History (Use additional 81/2 X 11 sheet if necessary):

A.  
<table>
<thead>
<tr>
<th>Current or Last Employer</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Title</td>
<td>Supervisor</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Description</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Employed</td>
<td>Date Separated</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------</td>
</tr>
</tbody>
</table>

B.  
<table>
<thead>
<tr>
<th>Employer</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Title</td>
<td>Supervisor</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Description</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Employed</td>
<td>Date Separated</td>
</tr>
<tr>
<td>---------------</td>
<td>---------------</td>
</tr>
</tbody>
</table>

C.  
<table>
<thead>
<tr>
<th>Employer</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Title</td>
<td>Supervisor</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Employed</td>
<td>Date Separated</td>
</tr>
<tr>
<td>---------------</td>
<td>---------------</td>
</tr>
</tbody>
</table>

D.  
<table>
<thead>
<tr>
<th>Employer</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Title</td>
<td>Supervisor</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Employed</td>
<td>Date Separated</td>
</tr>
<tr>
<td>---------------</td>
<td>---------------</td>
</tr>
</tbody>
</table>
SECTION V: Statement of Professional History

1) ___YES___NO
Are you or have you ever been certified, licensed, or registered to practice by this Board, by another occupational Board, or in another state/jurisdiction? If yes, please provide the following:

<table>
<thead>
<tr>
<th>Credential</th>
<th>State</th>
<th>Issue date (MM/DD/YYYY)</th>
<th>Expiration date (MM/DD/YYYY)</th>
<th>Exam taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2) ___YES___NO
Have you ever had a credential denied, limited, reprimanded, suspended, or revoked?

3) ___YES___NO
Have you ever been convicted of a felony or misdemeanor under any laws?

4) ___YES___NO
Are any criminal charges pending against you?

5) ___YES___NO
Has any court, board, agency, or professional organization found you guilty of misconduct, unprofessional conduct, dishonest or fraudulent practice, or incompetent practice?

6) ___YES___NO
Are charges pending against you before any court, board, agency, or professional organization for unprofessional conduct, dishonest or fraudulent practice or incompetent practice?

7) If an answer to questions 2 through 6 is YES, please give full details on a separate NOTARIZED statement and provide the Board with a certified copy of any and all court records.

** ALL APPLICATIONS ARE SUBJECT TO A CRIMINAL BACKGROUND CHECK **

SECTION VI: Affirmation and Signature

Read and sign the following affirmation. NOTARIZED signature is required.

I affirm that I have read the North Carolina General Statute 90B Social Worker Certification and Licensure Act, including the Administrative Rules, Ethical Guidelines and Disciplinary Procedures. I hereby agree to comply fully with them.

I affirm that the information I am submitting is true, and I further understand that the Board reserves the right to make inquiries about me, including criminal records check, and any of the information I have given in support of my application.

_________________________ State_________________________ County

I, __________________________, a Notary Public for said County and State, do hereby certify that __________________________ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Signature of applicant __________________________ date: __________________________
Witness my hand and official seal, this the _______ day of __________________________, 20 ______.

(Official Seal)

Notary Public __________________________
My commission expires: __________________________, 20 ______
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. He or she will in turn forward your sealed reference to us 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)  

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Good</th>
<th>Superior</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Professional Judgment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Ethical Conduct</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Competence and Skill</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Concern and Empathy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Record Keeping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Client Relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Written Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Verbal Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Social Work Knowledge Base</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.
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. He or she will in turn forward your sealed reference to us 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)  

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Good</th>
<th>Superior</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Professional Judgment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Ethical Conduct</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Competence and Skill</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Concern and Empathy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Record Keeping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Client Relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Written Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Verbal Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Social Work Knowledge Base</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

## 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
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. He or she will in turn forward your sealed reference to us 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)

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Good</th>
<th>Superior</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Professional Judgment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Ethical Conduct</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Competence and Skill</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Concern and Empathy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Record Keeping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Client Relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Written Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Verbal Communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Social Work Knowledge Base</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.