Professional Reference Form

Applicant Name___________________________________________________ Date________________

Reference Name___________________________________________________ Level applied for

I, hereby authorize the person named above to provide the NC 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.

(    ) 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 seal closure. He or she will in turn pass 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 __________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________

Page 1 of 2
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 strengths, 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) __________________________________________________________________________________

Please return this form to the applicant in an envelope with your signature over the seal.
Thank you for your assistance