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NDBACE  
PO Box 975  
Bismarck, ND 58502

North Dakota Board of Addiction Counseling Examiners  
**LETTER OF REFERENCE**

**APPLICANT'S NAME** \_\_\_\_\_

Reference Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

I have made application for an addiction counseling license in North Dakota and have listed your name as a reference.

I would appreciate your answers to the following questions to determine my suitability for licensure. I grant you permission to provide this letter of reference to the North Dakota Board of Addiction Counseling Examiners.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- 1) In what capacity and for how long have you known the above 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 addiction counseling?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

- 3) To the best of your knowledge, is this person currently using any mood-altering chemicals which interfere with the performance of his or her practice of the profession of addiction counseling?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

**OVER**

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 an addiction counseling license?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

5) What is your assessment of this person's ability to engage in the profession of addiction counseling?

6) Do you recommend this applicant for an addiction counseling license?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain:

7) Please make any additional comments that will help the Board of Addiction Counseling Examiners in reviewing this applicant's request for license.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date