



**NOTICE:**  
All NDBACE files are subject to the North Dakota Open Records Law  
**RETURN FORM TO:**  
North Dakota Board of Addiction Counseling Examiners  
1601 N 12<sup>th</sup> St Suite 609  
Bismarck, ND 58501  
board@ndbace.org

## REFERENCE FORM

### Initial Licensure

Two reference forms are required in order to apply for initial licensure. References should be submitted for each of the following:

1. A licensed addiction counselor (LAC, LCAC, or LMAC)
2. A professional reference who has worked with you in a paid or unpaid capacity

**This form must be submitted directly from the reference to the NDBACE**

**Applicant's Name:** \_\_\_\_\_

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

Position: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Work Address: \_\_\_\_\_

Phone and Email: \_\_\_\_\_

1. In what capacity and for how long have you known the applicant listed above?

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

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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:

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?



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

Yes  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: