NDBACE

NORTH DAKOTA BOARD OF ADDICTION COUNSELING EXAMINERS

NOTICE:
All NDBACE files are subject to the North Dakota Open Records Law
RETURN FORM TO:
North Dakota Board of Addiction Counseling Examiners
P. O. Box 1053
Bismarck, ND 58502
Board@ndbace.org

REFERENCE FORM

Clinical Training

Two reference forms are required in order to apply for clinical training, References should be submitted for each of the following:

1. A person with an academic relationship to you
2. A professional reference who has worked with you in a paid or unpaid capacity

This form should be submitted directly to the Consortium Director or Training Site.

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
   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?

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

   ☐ Yes ☐ No

   If yes, 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