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

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 addictio

☐ 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: _____