



NORTH CAROLINA  
SOCIAL WORK CERTIFICATION AND LICENSURE BOARD

Post Office Box 1043  
Asheboro, North Carolina 27204

Phone (336) 625-1679  
Fax (336) 625-4246

Website: [www.ncswboard.org](http://www.ncswboard.org)

Introductory Letter

Dear Social Worker Applicant:

Enclosed please find your application packet. Included you will find information and forms necessary to understand and initiate the application process.

**Please read the information carefully before initiating any inquiries.** If you have any questions after careful review, you may contact the Board office. Please allow a minimum of 10-14 business days for processing of any complete application packet. Upon completion of the review process, you will be notified by mail.

**NOTE:** When submitting your application please include **ALL** necessary documents in one complete packet (excluding exam scores from ASWB and Verification of Licensure from another jurisdiction as it must come directly from the jurisdiction's regulatory board). **DO NOT SEND DOCUMENTS SEPARATELY.** Be sure that the Professional Reference Forms are in sealed envelopes with the signature of the reference over the sealed closure. Only official (sealed) transcripts and primary source score reports (in sealed envelopes) are acceptable. **AN APPLICATION WILL NOT BE REVIEWED UNTIL ALL REQUIRED DOCUMENTS HAVE BEEN RECEIVED, INCLUDING THE NEWLY REQUIRED PUBLIC NOTICE STATEMENT.**

**If you would like verification of receipt of your application, please mail your application with delivery confirmation.**

Clinical licensure is a license to practice, and is **mandatory** for those who practice clinical social work in North Carolina. All certification levels are voluntary, but highly valued as a statement of professional responsibility and accountability to upholding established standards.

Certification/Licensure is a significant professional milestone that benefits those we serve and our profession as a whole. We wish you well with this effort and with your other professional endeavors.

Pursuant to N.C. Gen. Stat. §93B-15.1, military-trained applicants or military spouse applicants shall not be charged an initial application fee for a license, certification, registration, or temporary practice permit. If you are applying under these terms, please include a copy of your military/military dependent ID, leave and earning statement or DD2-14, and marriage certificate for military spouse applicants and/or divorce decree (if applicable).

Sincerely,

The North Carolina Social Work Certification and Licensure Board



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## **APPLICANT INFORMATION**

**Application and Application Fee:** Application for certification/licensure must be on the forms provided by this Board and must be received and approved by the Board prior to any applicant being authorized to take the Association of Social Work Boards (ASWB) professional examination. An application fee of \$115.00 (US dollars), payable by certified bank check or money order to the NCSWCLB, must accompany the application for certification/licensure.

**No personal checks are accepted.** Please review Certification & Licensure Levels and Eligibility Requirements carefully as application fees are not refundable. Individuals who apply for more than one level of certification/licensure must check the appropriate box(es) and forward an additional application fee for each credentialing level (\$115 per level). **Professional reference forms must be dated within a year from receipt of the application by the Board office.** Applications for certification/licensure are valid for two years from the date of initial receipt.

- **APPLICATION FOR CERTIFICATION (Non-clinical social work practice):** Complete pages, 1, 3, 4, 5 and 6 of the application and enclose other documents as applicable to the level for which you are applying. Application, Fee, Professional Reference Forms and transcript required for all levels.
- **APPLICATION FOR LICENSURE:** Complete pages 2, 3, 4, 5 and 6 of the application and enclose other documents as applicable for the level for which you are applying. Application, Fee, Professional Reference Forms and transcript required for all licenses.
- **APPLYING FOR MULTIPLE LEVELS:** If you are interested in applying for more than one level (i.e. licensure and certification), then you will need to complete all five pages of the application and submit an application fee of \$115 for each level for which you are applying, along with the Application, Professional Reference Forms, transcript, and any other required documentation.
- **PUBLIC NOTICE STATEMENT:** The signed statement acknowledging that you have read and understand the Public Notice Statement maintained by the N.C. Industrial Commission, Employee Classification Section is required for **ALL** applicants and applications shall not be considered without receipt of the signed statement.

The North Carolina General Statute 90B-11(a) provides that the Board may, in accordance with the provisions of Chapter 150B of the General Statutes, deny, suspend, or revoke an application, certificate, or license on any of the following grounds:

- 1) Conviction of a misdemeanor or the entering of a plea of guilty or nolo contendere to a misdemeanor under this Chapter.
- 2) Conviction of a felony or entering of a plea of guilty or nolo contendere to a felony under the laws of the United States or any state of the United States.
- 3) Gross unprofessional conduct, dishonest practice, or incompetence in the practice of social work.
- 4) Procuring or attempting to procure a certificate or license by fraud, deceit, or misrepresentation.
- 5) Any fraudulent or dishonest conduct in social work.
- 6) Inability of the person to perform the functions for which he or she is certified or licensed, or substantial impairment of abilities by reason of physical or mental disability.
- 7) Violations of any of the provisions of this Chapter or rules of the Board.



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## **CERTIFICATION & LICENSURE LEVELS AND ELIGIBILITY REQUIREMENTS**

NOTE: Educational requirements are based on a social work degree from a social work program accredited by the Council on Social Work Education (CSWE). Applicants whose social work degree was obtained outside of the United States or its territories should contact CSWE at 1725 Duke Street | Suite 500 | Alexandria VA 22314-3457 to determine educational equivalency.

### **LEVEL A - CERTIFIED SOCIAL WORKER (CSW)**

EDUCATION: BSW from CSWE accredited undergraduate school

EXAMINATION: ASWB **Bachelors level** examination

### **LEVEL B - CERTIFIED MASTER SOCIAL WORKER (CMSW)**

EDUCATION: MSW, DSW, or PhD in social work from CSWE accredited school

EXAMINATION: ASWB **Masters level** examination or ACSW examination

### **LEVEL C - LICENSED CLINICAL SOCIAL WORKER (LCSW) - A mandatory license for clinical practice.**

EDUCATION: MSW, DSW or PhD in social work from CSWE accredited school

EXAMINATION: ASWB **Clinical level** exam

EXPERIENCE: Minimum of 3,000 hours of paid post MSW employment (appropriately supervised clinical practice) **accumulated in no less than two (2) years, nor more than six (6) years.**

SUPERVISION: 100 hours of supervision from a LCSW, MSW with an additional two-years post LCSW clinical social work practice, on a regular basis: at least one (1) hour of supervision for every thirty (30) hours of clinical practice. A maximum of twenty-five (25) hours may be group supervision.

### **LEVEL C – LICENSED CLINICAL SOCIAL WORKER ASSOCIATE (LCSWA)**

EDUCATION: MSW, DSW or PhD in social work from CSWE accredited school

The Associate License (LCSWA) is available for new graduates and for applicants who have not satisfied all requirements for LCSW licensure. Applicants approved and issued the LCSWA license may practice only with appropriate LCSW supervision.

### **LEVEL H - CERTIFIED SOCIAL WORK MANAGER (CSWM)**

EDUCATION: BSW, MSW, DSW, or PhD in Social Work from a CSWE accredited school.

EXAMINATION: ASWB **Advanced Generalist level** examination

EXPERIENCE: Three thousand (3,000) hours of paid employment accumulated in no less than two (2) years, no more than six (6) years in an administrative setting. ***Supervised practice must have occurred within the six year period prior to the date of application.***

SUPERVISION: One hundred (100) hours of supervision by a Social Work Administrator certified by the Board on at least one level with a minimum of five years administration experience in a social work or mental health setting provided on a regular basis. A maximum of fifty (50) hours may be group supervision.



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## **CERTIFICATION / LICENSURE BY SUBSTANTIAL EQUIVALENCY (COMITY)**

North Carolina does **not** recognize licensure by reciprocity or endorsement. Certification or licensure **may** be granted through substantial equivalency (formerly referred to as "comity").

**Application for certification/licensure by substantial equivalency is based on current and active registration, certification, or licensure in another state or jurisdiction at an equivalent credentialing level.**

**The requirements satisfied in that state/jurisdiction must be determined by this Board to be substantially equivalent to those requirements specified under North Carolina Statutes and Rules. The Board will be considering defined scope of practice, experience requirements, supervisory requirements, continuing education, and appropriate examination. For this reason, the Board will need to view the regulatory requirements that were in place at the time you were granted initial certification, licensure, or registration.**

You may apply for certification/licensure by substantial equivalency only if you are currently (active status) certified, licensed, or registered as a social worker by a similar board in another state/jurisdiction. The North Carolina Board **may** recognize the qualifications acquired in your current state/jurisdiction, provided they are deemed to be substantially equivalent to those required by the State of North Carolina.

In order to apply for ***substantial equivalency***, you will need to apply to the Board in normal course (application fee, completed application form, completed and sealed professional reference forms, and sealed official transcript). In addition, you will need to provide the Board with a copy of your state/jurisdiction law defining the qualifications under which you were certified, registered, or licensed (those regulations that were in place at the time you were granted certification/licensure/registration); verification of your current credential; **AND** certified proof of having passed the Association of Social Work Boards (ASWB) examination required for your level of certification/licensure. An official ASWB score report can be obtained by contacting ASWB at [www.aswb.org](http://www.aswb.org) or 1-800-225-6880 to request a score transfer. If you are unable to secure a copy of the regulations that were in place at the time of initial certification/licensure/registration, you may have your regulatory board document requirements met through completion of a License Verification document.

If you are certified or licensed in another jurisdiction by exam exemption (have not taken and passed the ASWB examination required for the applicable level for which you are applying), you may qualify for exam eligibility. Certification or licensure will not be granted until the examination requirement has been satisfied.

**NORTH CAROLINA SOCIAL WORK CERTIFICATION AND LICENSURE BOARD**

**(NCSWCLB)**

P.O. BOX 1043

ASHEBORO, NORTH CAROLINA 27204

**APPLICATION**

[Application is valid for two years from date of initial receipt by the Board]

Applying for: Certification \_\_\_\_\_ Licensure \_\_\_\_\_ Both \_\_\_\_\_ Name (print) \_\_\_\_\_

**\*\*REQUIRED FOR ALL CREDENTIALING LEVELS:**

- Official application (notarized signature required)
- Non-refundable fee of \$115 per level (payable by money order to NCSWCLB - No personal checks accepted)
- Military-trained/military spouse applicants check here [see introductory letter regarding initial fees]*
  - Three completed Professional Reference Forms in sealed envelopes (signed over the closure)
  - Official transcript in an envelope sealed by school

**\*\* The CSW (level A), CMSW (level B), and CSWM (level H) certification credentials are NOT a license to engage in clinical social work practice. North Carolina requires licensure as a Licensed Clinical Social Worker (level C) to engage in or offer to engage in clinical social work practice. If you wish to apply for licensure, skip this page and begin with page 2. If you do not qualify for LCSW licensure you may apply for (level C) Associate License as a LCSWA. \*\***

\*\* Check the level(s) you are applying for and any appropriate condition(s) - attach appropriate documents when applicable \*\*

\_\_\_ LEVEL A – **CERTIFIED SOCIAL WORKER (CSW)**

\_\_\_ Not currently credentialed as a social worker in any other jurisdiction.

\_\_\_ Substantial Equivalency: Enclose verification of current certification, license, or registration and certified proof of having passed the ASWB Bachelors Level Examination.

\_\_\_ LEVEL B – **CERTIFIED MASTER SOCIAL WORKER (CMSW)**

\_\_\_ Not currently credentialed as a social worker in any other jurisdiction.

\_\_\_ Substantial Equivalency: Enclose verification of current certification, license, or registration and certified proof of having passed the ASWB Masters Level Examination or ACSW exam.

\_\_\_ LEVEL H – **CERTIFIED SOCIAL WORK MANAGER (CSWM)**

\_\_\_ Not currently credentialed as a social worker in any other jurisdiction.

\_\_\_ Enclose completed CSWM Administrative Supervision Form AND Employment Verification Form to demonstrate administrative experience, (**Supervised experience must have occurred within the last six years**).\*\*Administrative Supervision and Employment Verification forms are available for download under the Certification & Licensure tab (FORMS) on our website at [www.ncswboard.org](http://www.ncswboard.org).\*\*

\_\_\_ Substantial Equivalency: Enclose copy of state/jurisdiction law determining qualifications you were certified under and verification of current license, (Requires certified proof of having passed the ASWB Advanced Generalist Exam).

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**(NCSWCLB)**

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**APPLICATION**

[Application is valid for two years from date of initial receipt by the Board]

Applying for: Certification \_\_\_\_\_ Licensure \_\_\_\_\_ Both \_\_\_\_\_ Name (print) \_\_\_\_\_

**\*\*REQUIRED FOR ALL CREDENTIALING LEVELS:**

- Official application (notarized signature required)
- Non-refundable fee of \$115 per level (payable by money order to NCSWCLB - No personal checks accepted)
- Military-trained/military spouse applicants check here [see introductory letter regarding initial fees]*
  - Three completed Professional Reference Forms in sealed envelopes (signed over the closure)
  - Official transcript in an envelope sealed by school

**\*\* The CSW (level A), CMSW (level B), and CSWM (level H) certification credentials are NOT a license to engage in clinical social work practice. North Carolina requires licensure as a Licensed Clinical Social Worker (level C) to engage in or offer to engage in clinical social work practice. If you do not qualify for LCSW licensure you may apply for (level C) Associate License as a LCSWA. \*\***

\*\* Check the level you are applying for and any appropriate condition(s) - attach appropriate documents when applicable \*\*

\_\_\_ **LEVEL C – LICENSED CLINICAL SOCIAL WORKER (LCSW)**

\_\_\_ Substantial Equivalency: Enclose copy of the state/jurisdiction law determining qualifications you were licensed under, verification of current and active license, and certified proof of having passed the ASWB Clinical Level Examination.

\_\_\_ Substantial Equivalency: (as above, but without having taken the ASWB Clinical Examination.) Enclose copy of the state/jurisdiction law determining qualifications you were licensed under and verification of current and active license. [Application will be reviewed for exam eligibility only. Licensure will not be granted until the exam requirement is met.] \*\*The License Verification form is available for download under the Certification & Licensure tab (FORMS) on our website at [www.ncswboard.org](http://www.ncswboard.org).\*\*

\_\_\_ **LEVEL C – LICENSED CLINICAL SOCIAL WORKER ASSOCIATE (LCSWA)**

\_\_\_ WITHOUT any post-masters supervised clinical experience, (Submit only those items bulleted above).

\_\_\_ Substantial Equivalency: WITH some post-masters supervised clinical experience in another state/jurisdiction, (In addition to the bulleted items, submit Employment Verification Form AND Clinical Social Work Supervision Form, and a copy of current and active license). **Submit only supervised clinical practice that has occurred within the previous four years.** \*\* These forms are available for download under the Certification & Licensure tab (FORMS) on our website at [www.ncswboard.org](http://www.ncswboard.org).\*\*

EACH APPLICANT MUST COMPLETE SECTIONS I THROUGH VI:

**SECTION I: Identifying Information (Type or Print clearly)**

A. \_\_\_\_\_  
Legal Full Name: First Middle (Maiden) Last

B. \_\_\_\_\_  
Mailing Address: Street P.O./Apt. City St. Zip County

C. \_\_\_\_\_  
Social Security Number Date of Birth Place of Birth

D. \_\_\_\_\_  
Home Phone Work Phone Fax Email

E. \_\_\_\_\_  
NAME: **Print name as it appears on legal identification** (this is how it will appear on your certificate)

**SECTION II: Education Information**

School	Location	Degree	Subject	Graduation Date
1. _____				
2. _____				
3. _____				

**SECTION III: Professional References**

Please provide the following information for the three persons supplying the professional reference forms on behalf of your application for certification/licensure. One of your references must have served as your supervisor. The other two references must be familiar with your social work practice. Relatives, subordinates, and clients are not acceptable references.

1. \_\_\_\_\_  
Supervisor's Name Address

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Professional Relationship Telephone Years Known

2. \_\_\_\_\_  
Name Address

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Professional Relationship Telephone Years Known

3. \_\_\_\_\_  
Name Address

---

Professional Relationship Telephone Years Known

**SECTION IV: Professional Employment History (Use additional 8 1/2 X 11 sheet if necessary):**

A. \_\_\_\_\_  
Current or Last Employer Address

\_\_\_\_\_   
Job Title Supervisor

\_\_\_\_\_   
Job Description

\_\_\_\_\_   
Date Employed Date Separated Weekly Hours Reason for Separation

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B. \_\_\_\_\_  
Employer Address

\_\_\_\_\_   
Job Title Supervisor

\_\_\_\_\_   
Job Description

\_\_\_\_\_   
Date Employed Date Separated Weekly Hours Reason for Separation

---

C. \_\_\_\_\_  
Employer Address

\_\_\_\_\_   
Job Title Supervisor

\_\_\_\_\_   
Date Employed Date Separated Weekly Hours Reason for Separation

---

D. \_\_\_\_\_  
Employer Address

\_\_\_\_\_   
Job Title Supervisor

\_\_\_\_\_   
Date Employed Date Separated Weekly Hours Reason for Separation



**SECTION V: Statement of Professional History**

1) \_\_\_YES \_\_\_NO Are you or have you ever been certified, licensed, or registered to practice by this Board, by another occupational Board, or in another state/jurisdiction? If yes, please provide the following:

Credential	State	Issue date (MM/DD/YYYY)	Expiration date (MM/DD/YYYY)	Exam taken
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2) \_\_\_YES \_\_\_NO Have you ever had a credential denied, limited, reprimanded, suspended, or revoked?

3) \_\_\_YES \_\_\_NO Have you ever been convicted of a felony or misdemeanor under any laws?

4) \_\_\_YES \_\_\_NO Are any criminal charges pending against you?

5) \_\_\_YES \_\_\_NO Has any court, board, agency, or professional organization found you guilty of misconduct, unprofessional conduct, dishonest or fraudulent practice, or incompetent practice?

6) \_\_\_YES \_\_\_NO Are charges pending against you before any court, board, agency, or professional organization for unprofessional conduct, dishonest or fraudulent practice or incompetent practice?

7) If an answer to questions 2 through 6 is YES, please give full details on a separate *NOTARIZED* statement and provide the Board with a certified copy of any and all court records.

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**\*\* ALL APPLICATIONS ARE SUBJECT TO A CRIMINAL BACKGROUND CHECK \*\***

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**SECTION VI: Affirmation and Signature**

Read and sign the following affirmation. *NOTARIZED* signature is required.

I affirm that I have read the North Carolina General Statute 90B Social Worker Certification and Licensure Act, including the Administrative Rules, Ethical Guidelines and Disciplinary Procedures.

I hereby agree to comply fully with them.

I affirm that the information I am submitting is true, and I further understand that the Board reserves the right to make inquiries about me, including criminal records check, and any of the information I have given in support of my application.

I, \_\_\_\_\_ State \_\_\_\_\_ County  
\_\_\_\_\_, a Notary Public for said County and State, do hereby certify that  
\_\_\_\_\_ personally appeared before me this day and acknowledged  
the due execution of the foregoing instrument.

Signature of applicant \_\_\_\_\_ date: \_\_\_\_\_  
Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(Official Seal)

Notary Public \_\_\_\_\_  
My commission expires: \_\_\_\_\_, 20 \_\_\_\_\_

## PUBLIC NOTICE STATEMENT

I certify that I have read and understand the “public notice statement” maintained by the N.C. Industrial Commission, Employee Classification Section on their website at [www.ic.nc.gov](http://www.ic.nc.gov).

Further, I certify that I have \_\_\_\_\_ / have not \_\_\_\_\_ (*check one*) been investigated for employee misclassification within the past twelve (12) months for initial applicants or since my last renewal.

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date (mm/dd/yyyy)*

Applicants who have been investigated for employee misclassification shall attach a copy of the investigation results with their application. Failure to comply with this certification statement and disclosure requirement shall result in denial of your application for certification/licensure/renewal.



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Website: www.ncswboard.org

**Professional Reference Form**  
(Top portion to be completed by applicant)

**Applicant Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Reference Name** \_\_\_\_\_ **Level applied for** \_\_\_\_\_

I hereby authorize the person named above to provide the North Carolina 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. **[Failure to check one of the boxes will be deemed an incomplete reference and result in a delay of the application review process and may require additional references.]**

- 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 sealed closure. He or she will in turn forward 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 \_\_\_\_\_

**General Evaluation**

**(Please Check)**

	<b>Poor</b>	<b>Good</b>	<b>Superior</b>	<b>Unknown</b>
1. Professional Judgment	_____	_____	_____	_____
2. Ethical Conduct	_____	_____	_____	_____
3. Competence and Skill	_____	_____	_____	_____
4. Concern and Empathy	_____	_____	_____	_____
5. Record Keeping	_____	_____	_____	_____
6. Client Relationships	_____	_____	_____	_____
7. Written Communication	_____	_____	_____	_____
8. Verbal Communication	_____	_____	_____	_____
9. Social Work Knowledge Base	_____	_____	_____	_____

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**Recommendations**

- \_\_\_\_\_ Recommend highly, without reservation
- \_\_\_\_\_ Recommend as qualified and competent
- \_\_\_\_\_ Recommend with some reservation (Please explain below)
- \_\_\_\_\_ Do not recommend (Please explain below)

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**Comments**

Please list any notable strength, weaknesses, special skills, reservations, or other information that will assist us in assessing this applicant's suitability for certification/licensure.

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Signed \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone(s) \_\_\_\_\_

**Return this form to the applicant in an envelope with your signature over the sealed closure.**  
Thank you for your assistance



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**Professional Reference Form**  
(Top portion to be completed by applicant)

**Applicant Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Reference Name** \_\_\_\_\_ **Level applied for** \_\_\_\_\_

I hereby authorize the person named above to provide the North Carolina 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. **[Failure to check one of the boxes will be deemed an incomplete reference and result in a delay of the application review process and may require additional references.]**

- ( ) 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 sealed closure. He or she will in turn forward 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 \_\_\_\_\_

**General Evaluation**

**(Please Check)**

	<b>Poor</b>	<b>Good</b>	<b>Superior</b>	<b>Unknown</b>
1. Professional Judgment	_____	_____	_____	_____
2. Ethical Conduct	_____	_____	_____	_____
3. Competence and Skill	_____	_____	_____	_____
4. Concern and Empathy	_____	_____	_____	_____
5. Record Keeping	_____	_____	_____	_____
6. Client Relationships	_____	_____	_____	_____
7. Written Communication	_____	_____	_____	_____
8. Verbal Communication	_____	_____	_____	_____
9. Social Work Knowledge Base	_____	_____	_____	_____

---

**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 strength, weaknesses, special skills, reservations, or other information that will assist us in assessing this applicant's suitability for certification/licensure.

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Signed \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone(s) \_\_\_\_\_

**Return this form to the applicant in an envelope with your signature over the sealed closure.**  
Thank you for your assistance



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(Top portion to be completed by applicant)

**Applicant Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Reference Name** \_\_\_\_\_ **Level applied for** \_\_\_\_\_

I hereby authorize the person named above to provide the North Carolina 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. **[Failure to check one of the boxes will be deemed an incomplete reference and result in a delay of the application review process and may require additional references.]**

- ( ) 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 sealed closure. He or she will in turn forward 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 \_\_\_\_\_

**General Evaluation**

<b>(Please Check)</b>	<b>Poor</b>	<b>Good</b>	<b>Superior</b>	<b>Unknown</b>
1. Professional Judgment	_____	_____	_____	_____
2. Ethical Conduct	_____	_____	_____	_____
3. Competence and Skill	_____	_____	_____	_____
4. Concern and Empathy	_____	_____	_____	_____
5. Record Keeping	_____	_____	_____	_____
6. Client Relationships	_____	_____	_____	_____
7. Written Communication	_____	_____	_____	_____
8. Verbal Communication	_____	_____	_____	_____
9. Social Work Knowledge Base	_____	_____	_____	_____

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**Recommendations**

- \_\_\_\_\_ Recommend highly, without reservation
- \_\_\_\_\_ Recommend as qualified and competent
- \_\_\_\_\_ Recommend with some reservation (Please explain below)
- \_\_\_\_\_ Do not recommend (Please explain below)

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**Comments**

Please list any notable strength, weaknesses, special skills, reservations, or other information that will assist us in assessing this applicant's suitability for certification/licensure.

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Signed \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone(s) \_\_\_\_\_

**Return this form to the applicant in an envelope with your signature over the sealed closure.**  
Thank you for your assistance