

STATE OF IDAHO
BUREAU OF OCCUPATIONAL LICENSES
700 West State Street PO Box 83720
Boise, Idaho 83720-0063
(208) 334-3233
Fax (208) 334-3945

PROFESSIONAL EXPERIENCE REFERENCE

APPLICANT: The Idaho Board of Social Work Examiners requires an application to include one (1) reference from individuals who has personal knowledge of your character and ability to provide social work.

1. Applicant Name: _____

REFERENCE: Please complete this form and return it directly to the address noted above. Please provide all information requested. Incomplete information will delay the processing of the applicant's file. (Please type or print.)

2. Reference Name: _____

3. How long have you known the candidate? _____

4. Please describe your relationship with the candidate: (check all appropriate boxes)

Colleague Teacher Supervisor Other _____

5. If you are or were ever an employer, supervisor, or colleague of the candidate, please list the dates of that relationship: From _____ To _____, AND the candidate's title/position _____, AND the name of the organization _____
MM/DD/YY MM/DD/YY

6. Please indicate your knowledge of the candidate's:

	Thorough Knowledge	General Knowledge	Little Knowledge
Training	_____	_____	_____
Work Experience	_____	_____	_____
Abilities	_____	_____	_____
Personality	_____	_____	_____

7. Do you believe, on the basis of ethical conduct, personal character, technical competence, and professional judgment, the candidate is a credit to the profession of social work? () Yes () No
(If No, please explain on a separate sheet)

8. Do you have any reservations, not previously mentioned, about fully recommending this candidate for licensure as a social worker? () Yes () No
If Yes, please explain: _____

Signature of person completing reference form

Date

Phone Number

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____