

**IDAHO STATE BOARD OF SOCIAL WORK EXAMINERS**  
**Idaho Bureau of Occupational Licenses**  
 700 West State Street, Boise ID 83702 or  
 PO Box 83720, Boise, ID 83720-0063  
 Phone: (208) 334-3233 Fax: (208) 334-3945  
 Website: [www.ibol.idaho.gov](http://www.ibol.idaho.gov) E-mail: [swo@ibol.idaho.gov](mailto:swo@ibol.idaho.gov)

**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 \_\_\_\_\_