



**NOTICE:**

All NDBACE files are subject to the North Dakota Open Records Law

**RETURN FORM TO:**

North Dakota Board of Addiction Counseling Examiners  
402 E MAIN AVE, Ste #5, Bismarck, ND 58501-4091  
*Or email an electronic copy to board@ndbace.org*

---

## Letter of Reference Form

---

Three letters of reference are required in order to apply for licensure. References should be submitted for each of the following:

1. A person with an academic relationship to you,
2. A registered licensed addiction counselor and
3. A professional reference who has worked with you in a paid or unpaid capacity

**Applicant's Name:** \_\_\_\_\_

Reference Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone and Email: \_\_\_\_\_

I am submitting my application for an addiction counseling license in North Dakota and have listed your name as a reference.

Your answers to the following questions will determine my suitability for licensure, and I would appreciate your honest response. I grant you permission to provide this letter of reference to the North Dakota Board of Addiction Counseling Examiners.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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