

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING ADMINISTRATION



District of Columbia Board of Social Work

APPLICANT REFERENCE FORM #1

Applicant _____

Address _____

The applicant whose name and address appear above has applied for a license to practice Social Work in the District of Columbia and lists you as a reference to his or her moral character and professional experience.

Please complete the form below and return it to the applicant in a sealed business envelope. Your prompt attention to this request will assist the Board of Social Work when considering the applicant for licensure.

Date _____

I hereby certify that since _____, I have been closely associated with _____, as to be able to intelligently express an opinion concerning his/her character, mental condition and habits; and that to the best of my knowledge and belief, he/she is of good moral character and is free from mental defects and drug habits that would interfere with the proper practice of Social Work.

Additional Remarks: _____

Signature: _____

Name: _____

Occupation: _____

Address: _____

Phone Number: _____

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APPLICANT REFERENCE FORM #2

Applicant _____

Address _____

The applicant whose name and address appear above has applied for a license to practice Social Work in the District of Columbia and lists you as a reference to his or her moral character and professional experience.

Please complete the form below and return it to the applicant in a sealed business envelope. Your prompt attention to this request will assist the Board of Social Work when considering the applicant for licensure.

Date _____

I hereby certify that since _____, I have been closely associated with _____, as to be able to intelligently express an opinion concerning his/her character, mental condition and habits; and that to the best of my knowledge and belief, he/she is of good moral character and is free from mental defects and drug habits that would interfere with the proper practice of Social Work.

Additional Remarks: _____

Signature: _____

Name: _____

Occupation: _____

Address: _____

Phone Number: _____

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APPLICANT REFERENCE FORM #3

Applicant _____

Address _____

The applicant whose name and address appear above has applied for a license to practice Social Work in the District of Columbia and lists you as a reference to his or her moral character and professional experience.

Please complete the form below and return it to the applicant in a sealed business envelope. Your prompt attention to this request will assist the Board of Social Work when considering the applicant for licensure.

Date _____

I hereby certify that since _____, I have been closely associated with _____, as to be able to intelligently express an opinion concerning his/her character, mental condition and habits; and that to the best of my knowledge and belief, he/she is of good moral character and is free from mental defects and drug habits that would interfere with the proper practice of Social Work.

Additional Remarks: _____

Signature: _____

Name: _____

Occupation: _____

Address: _____

Phone Number: _____