

Mississippi
Board of Examiners for Social Workers & Marriage and Family Therapists
P.O. Box 4508 § Jackson, MS 39296-4508

**CONFIDENTIAL PROFESSIONAL REFERENCE FOR LCSW
CANDIDATE FOR LICENSURE**

Notice to Applicant: Applicant for LCSW must submit with the final evaluation forms, three (3) complete professional references from appropriate professionals. **One (1) must be completed by a LCSW. THE LCSW SUPERVISOR WHO HAS BEEN IN A CONTRACT WITH THE APPLICANT BELOW CANNOT OR MUST NOT COMPLETE THIS FORM.**

I. TO BE COMPLETED BY THE APPLICANT

Name of Applicant _____ License # _____
Last First Middle / Maiden

Address _____
Street City State Zip Phone

I hereby authorize _____ to release the requested information.

Applicant Signature Date

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II. TO BE COMPLETED BY LICENSED MENTAL HEALTH PROFESSIONAL

1. How long have you known the applicant? _____
2. In what capacity have you known the applicant? _____

3. During what time period have you had an opportunity to observe directly the applicant's clinical practice? _____

4. Based on your personal knowledge and observation, I believe the applicant has: (mark one) Poor____, Marginal____, Average____, Good____, Outstanding____, qualifications and skills to practice as an Licensed Certified Social Worker (LCSW).
5. To the best of your knowledge, has the applicant's license, clinical privileges, professional association membership, or other professional status ever been denied, challenged, suspended revoked, modified, or voluntarily surrendered in lieu of disciplinary action? Yes No
6. To the best of your knowledge, is there any disciplinary action pending against the applicant? Yes No
7. To the best of your knowledge, has the applicant ever had a suit filed against him/her or

entered into a malpractice settlement related to the professional practice? Yes No

8. To the best of your knowledge, has the applicant ever been arrested, charged, sentenced, or received a deferred judgment for the commission of a felony, or any crime of moral turpitude in the United States or a foreign country? Yes No

9. To the best of your knowledge, is the applicant now, or has he/she been at any time during the past five (5) years, unable to practice a profession with reasonable skill and safety to clients, due to any illness, mental or physical condition, or the use of alcohol, drugs, narcotics, chemicals or any other material? Yes No

If you answered YES to any of the preceding questions 5 through 9, please attach a full explanation to this form.

10. If you have any additional information which would assist the Board in making a decision on licensure for this applicant, please provide the information below:

11. How would you summarize your recommendation of this applicant for licensure as a licensed certified social worker?

- Recommend without reservation
- Recommend
- Would not recommend
- Unable to make a judgment

Signature of Reference	Printed Name	Title	Date
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Your Discipline	Type of License	License #	Expiration Date
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Street Address	City	State	Zip	Phone
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Please return this completed form directly to MBOE via email to the Social Work Licensing Officer or mail to the following Board address:

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P.O. Box 4508 * Jackson, MS 39296-4508**