



NORTH CAROLINA BOARD  
*of* LICENSED CLINICAL  
 MENTAL HEALTH  
 COUNSELORS

# Applicant Reference Form

**Instructions to the Applicant:** You must submit completed reference forms from **three** professionals who are familiar with your current work, at least one of which is from a licensed clinical mental health counselor. Type or print your name and the reference's name where indicated below, and forward the form to the reference. The completed form must be returned directly to you in a sealed envelope with the reference's signature over the seal or sent directly to the Board. Unsigned forms/envelopes will be returned.

To: \_\_\_\_\_  
 Reference's name

Re: \_\_\_\_\_  
 Applicant's name

**To the Reference completing this form:** The above-named individual has made an application for licensure as a licensed clinical mental health counselor associate, licensed clinical mental health counselor or licensed clinical mental health counselor supervisor in North Carolina and has listed you as a reference. The licensed clinical mental health counselor associate has master's level training and practices counseling only under supervision. The licensed clinical mental health counselor has master's level training and engages in independent professional practice. The licensed clinical mental health counselor supervisor has master's level training, engages in independent professional practice, and provides supervision to licensed clinical mental health counselor associates.

So that the Board may have sufficient knowledge to evaluate this applicant's qualifications, it is seeking the following specific information from you. Information must be provided on this form, although additional sheets may be attached, if necessary. **Please type or print. The completed form must be returned directly to the applicant in a sealed envelope with your signature over the seal or sent directly to the Board;** any unsigned envelopes will be returned and may delay file review. Original signature is required; faxed copies are not acceptable.

1. The time period (dates) during which you have known the applicant:
  
2. Your professional relationship with the applicant:
  
3. Your opinion regarding the applicant's training, experience, and professional skills:
  
4. The applicant's adherence to legal and ethical standards:
  
5. Areas of concern, further comments, and recommendations to the Board:

\_\_\_\_\_  
 Reference's Name (type or print) Reference's Signature

\_\_\_\_\_  
 Date E-Mail Address Daytime Telephone Number

\_\_\_\_\_  
 Address City, State, Zip Code