

NORTH CAROLINA PSYCHOLOGY BOARD



REFERENCE FORM

Instructions to the Applicant: You must submit completed reference forms from three professionals who are familiar with your current work, **one of which is from a doctoral level psychologist**. 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.** Unsigned forms/envelopes will be returned. You will submit the sealed envelope to the Board along with a transmittal form.

To: _____ Re: _____
(reference's name) *(applicant's name)*

To the Reference completing this form: The above-named individual has made application for licensure as a Psychologist or Psychological Associate in North Carolina and has listed you as a reference. The Psychologist has doctoral level training and engages in independent professional practice. The Psychological Associate has master's/specialist level training and performs more complex professional functions only under supervision. 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; any unsigned envelope 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 judgment 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)

Address

City, State, Zip Code

Reference's Signature

Date: _____

E-Mail Address _____

Daytime Telephone Number _____