

OKLAHOMA BOARD OF LICENSED ALCOHOL/DRUG COUNSELORS



**P O Box 54388
Oklahoma City, OK 73154-0388**

PROFESSIONAL REFERENCE FORM

CONFIDENTIAL

Dear _____

I am applying to the OKLAHOMA LICENSURE BOARD for ALCOHOL AND DRUG COUNSELORS for licensure/certification as a LADC CADC counselor. Three professional references must be included as part of the application process. Would you please complete the reference material below for me? I have authorized the Licensure Board to request additional information from you if necessary. Your prompt attention to this would be very much appreciated, as my application will not be processed until the Board receives this recommendation .

Sincerely,

Signature of applicant

NOTE FROM THE LICENSURE BOARD

The Licensure Board believes that license/certification should be based on input from a variety of sources including the observations of persons who have known the applicant professionally. For this reason, all applicants are required to list three references who will complete the Professional Reference Form below. Your evaluation plus that received from other references and the data furnished by the applicant will be used in determining eligibility for licensure/certification. The process can only be as good as you and others make it by careful and truthful reporting.

PLEASE RETURN THE COMPLETED EVALUATION FORM TO THE PERSON REQUESTING IT

To be completed by Applicant

Applicant's Name: _____

Applicant's Address: _____
City State Zip

Applicant's Place of Employment: _____

Applicant's Telephone Number: () _____ () _____
Work phone Home phone

On the basis of your knowledge of the above named counselor, rate his/her abilities in each area listed

You will find seventeen (17) abilities which we would like for you to rate 1,2,3,4,5, or Don't Know.

Rating of 1 is equivalent to POOR

Rating of 2 is equivalent to FAIR

Rating of 3 is equivalent to ACCEPTABLE

Rating of 4 is equivalent to GOOD

Rating of 5 is equivalent to EXCELLENT

Abilities To Be Evaluated	Poor			Excellent		Don't Know
	1	2	3	4	5	
1. Common Sense	1	2	3	4	5	
2. Poise	1	2	3	4	5	
3. Enthusiasm	1	2	3	4	5	
4. Reliability	1	2	3	4	5	
5. Personal and Professional Honesty	1	2	3	4	5	
6. Empathy	1	2	3	4	5	
7. Ability to Work With Others	1	2	3	4	5	
8. Ethics	1	2	3	4	5	
9. Knowledge of Alcohol Abuse Field	1	2	3	4	5	
10. Knowledge of Drug Abuse Field	1	2	3	4	5	
11. Effectiveness of Counseling Approach & Techniques	1	2	3	4	5	
12. Appropriateness of Counseling & Techniques	1	2	3	4	5	
13. Communication Skills	1	2	3	4	5	
14. Ability to Interact With Other Professionals	1	2	3	4	5	
15. Assessment Skills	1	2	3	4	5	
16. Consulting Skills	1	2	3	4	5	
17. Research Skills	1	2	3	4	5	

In the space below, you may add information regarding the applicant's fitness for licensure or certification heretofore addressed. If you have reservations regarding this applicant's fitness for licensure or certification, please do not hesitate to include those concerns.

I hereby certify that this rating is, to the best of my knowledge, truthful and reflects as accurately as possible my knowledge of the applicant.

SIGNATURE

DATE

THE LICENSURE BOARD RESERVES THE RIGHT TO REQUEST FURTHER INFORMATION FROM YOU CONCERNING THIS APPLICANT.

Return this form to the person requesting it.