

**MONTANA BOARD OF ATHLETIC TRAINERS  
PO BOX 200513  
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**LETTER OF RECOMMENDATION  
(VERIFICATION OF CLINICAL EXPERIENCE)**

**APPLICANT:** Complete the upper portion of this form and mail to each of your references.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date

(Please Type or Print)

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

This verification sent to: \_\_\_\_\_

**REFERENCE:** Please answer the following questions concerning the applicant. This document is your authorization to release any and all information and opinions you have, favorable or otherwise, directly to the Montana Board of Athletic Trainers. Your response will be kept confidential.

Name of reference: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Address: \_\_\_\_\_

Title/profession/position: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

To your knowledge, does the applicant have any habits or practices that would adversely affect his/her professional activities? If your answer is "yes", please explain:  Yes  No

Please comment on the applicant's professional competency to practice, character, morals and ethics (attach additional sheet if needed):

Would you recommend this applicant for approval to be licensed as an Athletic Trainer to practice in Montana?  Yes  No

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

The Applicant and the Board thank you for your assistance.