

VERIFICATION OF MORAL/PROFESSIONAL CHARACTER

APPLICANT: Complete the upper portion of this form and mail to each of the character references you have listed in your application. This form is used to meet the requirements of the character reference letters. This form can be e-mailed or uploaded to your online account if you have applied online.

Legal Signature of Applicant

Date

(Please Type or Print)

Name of Applicant: _____

Address: _____

This verification sent to: _____

(Name of Reference)

CHARACTER REFERENCE: Please answer the following questions concerning the applicant's moral and professional character. This document is your authorization to release any and all information and opinions you have, favorable or otherwise, directly to the Montana Board of Behavioral Health. Your response will be kept confidential.

Name of reference: _____

Daytime phone: _____

Address: _____

Type of License/License Number/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

Do you consider this applicant worthy of approval to practice in Montana?

Yes No

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

Signature of Reference

Date

Please use additional sheets, if necessary.
The applicant and the Board thank you for your assistance.