

STATE OF MONTANA BOARD  
OF PSYCHOLOGISTS  
301 S PARK ROOM 428  
PO BOX 200513  
HELENA MT 59620-0513

PROFESSIONAL EXPERIENCE REFERENCE FORM

The Board is required by law to obtain evidence of the good character and qualifications of applicants for licensure as assistant behavior analysts before licensure.

Applicant is to give this form to References.

References are to complete this form (print legibly in ink or use typewriter) and mail completed form directly to the Board Office at the above address. Do not mail to applicant.

1. Name of applicant: \_\_\_\_\_

2. Mark the word that best describes your relationship with the applicant:

Colleague, supervisor, teacher, personal acquaintance, other \_\_\_\_\_

3. Please indicate how well you know the applicant's training, work experience, abilities and personality by making an "X" in the appropriate places:

	Thorough Knowledge	General Knowledge	Little Knowledge
--	-----------------------	----------------------	---------------------

Training

Work Experience

Abilities

Personality

4. If you are/were the applicant's employer, supervisor, or colleague in the same institution, give:

Approximate dates: From: \_\_\_\_\_ To \_\_\_\_\_

Percent of time applicant spent in assisting in behavior analysis work \_\_\_\_\_

Title of his/her position and name of organization \_\_\_\_\_

\_\_\_\_\_

5. Would you be willing to employ this applicant yourself if an opening arose within your organization in an area in which he/she has training and experience? Yes      No      If No, Please explain:

\_\_\_\_\_

\_\_\_\_\_ (Use additional sheet if needed)

**PAGE 2 - MONTANA BOARD OF PSYCHOLOGISTS**

**PROFESSIONAL EXPERIENCE REFERENCE FORM**

6. Do you have any reservations, not already mentioned, against fully recommending this applicant for licensure as an assistant behavior analyst by the Montana Board of Psychologists?

\_\_\_\_\_  
(Use additional sheet if needed)

7. In your opinion, is the applicant of good moral character?      YES      NO

If no, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Profession or Occupation

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

**Complete below only if you are a psychologist:**

Licensed as a psychologist in the State of \_\_\_\_\_

**Complete below only if you are a behavior analyst:**

Licensed      Certified      as a behavior analyst in the State of \_\_\_\_\_

**Complete below only if you are a physician:**

Licensed as a physician in the State of \_\_\_\_\_

**Complete below only if you are a certified nurse practitioner:**

Licensed      Certified      as a certified nurse practitioner in the State of \_\_\_\_\_