

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 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
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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 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)

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

(Use additional sheet if needed)

7. From your knowledge of this candidate, please check the following areas in which he/she is competent to perform without supervision. Double check the candidate's main area(s) of competence.

- (a) Clinical behavior analysis Adults Children
- (b) Vocational counseling and guidance Adults Children
- (c) Teaching behavior analysis
- (d) Research primarily of behavior analytical nature
- (e) Other _____

8. 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 Certified 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 Certified 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 _____