

MONTANA BOARD OF RADIOLOGIC TECHNOLOGISTS  
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**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 (page 6).

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant (Please type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Verification sent to

**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 Radiologic Technologists. 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 this applicant have any habits or practices that would adversely affect his/her professional activities? If your answer is "yes", please explain:

Do you consider this applicant worthy of approval to practice as a Radiologic Technologist in Montana?

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

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

\_\_\_\_\_  
Date

The Applicant and the Board thank you for your assistance.