



Work History Evaluation

for the Board of Behavioral Health

Last updated: 5/5/2025

Use this form if your out-of-state license is not substantially equivalent to Montana's and you would like your work history evaluated to make up the difference. Use multiple forms if needed. If possible, for each job, please include a letter from your supervisor detailing your work. Email the completed form to dlibsdbbh@mt.gov.

Name: _____ Application number: _____

Phone: _____ Email: _____

Job title: _____ Job duties and responsibilities: _____

Employer: _____

Supervisor: _____

Start date: _____

End date: _____

Supervisor letter included? Yes No

Job title: _____

Job duties and responsibilities: _____

Employer: _____

Supervisor: _____

Start date: _____

End date: _____

Supervisor letter included? Yes No

Job title: _____

Job duties and responsibilities: _____

Employer: _____

Supervisor: _____

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End date: _____

Supervisor letter included? Yes No

Job title: _____

Job duties and responsibilities: _____

Employer: _____

Supervisor: _____

Start date: _____

End date: _____

Supervisor letter included? Yes No