

**THE MONTANA SEX OFFENDER TREATMENT
ASSOCIATION (MSOTA)**

Letter of Reference

I waive any right I might have to review this letter of reference. I understand that the MONTANA SEX OFFENDER TREATMENT ASSOCIATION (MSOTA) does not require me to execute this waiver and is willing to review my application whether or not I sign it.

Applicant's Signature

Date

NOTICE TO PERSON MAKING RECOMMENDATIONS: If the applicant has not signed the above waiver, you should consider this form to be non-confidential.

I understand that _____ has applied for membership in the Montana Sex Offender Treatment Association (MSOTA) and has requested that I provide a Confidential Statement regarding the applicant's professional and ethical qualifications.

I certify the answers and statements provided below are true and complete to the best of my knowledge.

1. My name is: _____

Address: _____

Phone: _____

2. My occupation is _____

3. I have been personally acquainted with the applicant for _____

4. Have you ever employed/supervised the applicant? _____

5. Do you believe the applicant demonstrated ethical integrity in professional and personal behavior? _____

If not, why? _____

6. To the best of your knowledge, has the applicant ever:

a.) been charged or convicted of a felony? _____

b.) been accused, investigated, and/or involved in unprofessional or unethical conduct? _____

c.) been denied membership in or terminated from a professional organization? _____

If YOU ANSWERED “YES” TO ANY OF THE ABOVE, PLEASE ATTACH AN EXPLANATION ON A SEPARATE PAGE.

I BELIEVE (Check One):

- A.) _____ The applicant is not qualified to work with sexual abusers for the reasons stated below.
- B.) _____ The applicant is qualified by professional and ethical standards to work with sexual abusers but I am aware of facts set forth below concerning the applicant’s background, history, experience, or other activities which may have a bearing on this question and should be brought to the attention of the Membership Committee of MSOTA.
- C.) _____ The applicant is qualified to work with sexual abusers and I make this statement without reservation.

Explanation of (A) or (B): _____

In witness thereof, I sign this statement on _____, 20__, and declare the answers to be true and complete.

Signature

Mail completed form to: Chris Nordstrom, LCSW
MSOTA Membership Committee
P.O. Box 992
Missoula, MT 59806
(406) 565-6888
chrisnordstrom@outlook.com