MARYLAND BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Ave., Baltimore, MD 21215-2299
410.764-4726 www.mdchiro.org

CERTIFICATE OF MORAL CHARACTER

Note: The individual completing this form must be a Licensed Doctor of Chiropractic in good standing

PLEASE PRINT LEGIBLY OR TYPE

APPLICANT NAME:_____
First Last Middle

This certifies that I, the undersigned, am personally and professionally acquainted with_____ and know him/her to be of good moral character. I recommend him/her to the Maryland Board of Examiners as a worthy person to be issued a license to practice chiropractic in the State of Maryland.

ATTESTING DOCTOR'S NAME_____

MAILING ADDRESS:_____

_____

CURRENTLY LICENSED IN_____ **SINCE**_____ **LIC NO**._____

- How long have you known the applicant?_____
- How are you acquainted with the applicant? Check one:

___professionally ___student ___socially ___relative

- How do you know that the applicant is of good moral character? Explain:

_____
_____
_____

Are you aware of any facts relating to misconduct, administrative or criminal action against the applicant or his/her reliance on drugs, alcohol, prescription medication or controlled substances that might affect his/her abilities as a chiropractor?

___YES ___NO (If 'yes') Please describe in detail on a separate attachment.

I ATTEST TO THE BEST OF MY KNOWLEDGE, BELIEF AND JUDGEMENT THAT THE APPLICANT IS OF SOUND MORAL CHARACTER.

_____
Signature of Attesting Doctor of Chiropractic Date