## **Maryland Board of Chiropractic Examiners**

4201 Patterson Ave., Suite 301 Baltimore, MD 21215 (410) 764-4726 www.dhmh.maryland.gov/chiropractic

## **CERTIFICATE OF MORAL CHARACTER**

(To be completed by a licensed Maryland chiropractor in good standing)

I hereby certify that I am personally and	or professionally acquai	nted with	·	
Applicant's Name (the "Applicant"), to the degree that I can attest to the Applicant's good moral character. I recommend the Applicant to the Maryland State Board of Chiropractic Examiners as a person to be issued a registration and to professionally serve and protect the health care public.				
Please describe the manner in which you have known the Applicant.	ı are familiar with the Ap	oplicant, including t	he length of ti	me you
Are you aware of any facts relating to many Applicant that may affect the Applicant No Yes If yes, please explained in the information provided is a belief.	's abilities as a chiropract	tor? ek of this page.		
Print Name and Credentials	Signature			
License No./Issuing State	 Date			
Street Address	City	State	Zip	
Phone	Email			

\*\*\*\*PLEASE DO NOT FORWARD THE COMPLETED FORM TO THE APPLICANT. The completed form must be returned to the Board.