



MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

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Baltimore, MD 21215
Office (410) 764-4738

Email: mdh.chiropractic@maryland.gov; Website: www.health.maryland.gov/chiropractic

CERTIFICATE OF MORAL CHARACTER

(To be completed by a licensed Chiropractor in good standing)

I, _____ hereby certify that I am personally and/or professionally acquainted with _____ (Name of Applicant) and I am able to attest to his/her moral character and ability to professionally serve as a chiropractor and protect the healthcare of the citizens of Maryland.

Please describe the manner in which you are familiar with the Applicant, including the length of time you have known him/her.

Four horizontal lines for describing familiarity with the applicant.

Are you aware of any facts relating to misconduct, administrative, criminal, or civil action against the Applicant that may affect the Applicant's abilities as a chiropractor?

No _____ Yes _____ If yes, please attach a detailed explanation to this page.

(Initial One) _____ Applicant is of good moral character and I recommend him/her for licensure as a chiropractor by the Maryland State Board of Chiropractic Examiners.

_____ I do not recommend Applicant for licensure as a chiropractor by the Maryland State Board of Chiropractic Examiners.

I attest that the information provided is true and correct to the best of my knowledge and beliefs.

Print Name and Credentials _____ Signature _____ Date _____

License Number _____ Issuing State _____ Issue Date _____ Expiration Date _____

Street Address _____ City _____ State _____ Zip _____

Contact Phone Number(s) _____ Email _____

PLEASE RETURN THE COMPLETED FORM DIRECTLY TO THE BOARD. DO NOT GIVE TO THE APPLICANT FOR SUBMISSION WITH THE APPLICATION PACKAGE.

Email to mdh.chiropractic@maryland.gov.