



MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Avenue, Suite 301

Baltimore, MD 21215

Office (410) 764-4726

www.health.maryland.gov/chiropractic

STAGE 3

CERTIFICATE OF MORAL CHARACTER

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

The form may be scanned and emailed to mdh.chiropractic@maryland.gov

Name of Applicant: _____

I hereby certify that I am personally and/or professionally acquainted with the applicant and I am able to attest to his/her moral character and ability to professionally serve 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.

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 chiropractic assistant?

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

(Check One) I _____ recommend _____ do not recommend _____ for registration 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 belief.

_____	_____	_____
<i>Print Name and Credentials</i>	<i>Signature</i>	<i>Date</i>
_____	_____	_____
<i>License Number</i>	<i>Issue Date</i>	<i>Expiration Date</i>
_____	_____	_____
<i>Street Address</i>	<i>City</i>	<i>State</i> <i>Zip</i>
_____	_____	_____
<i>Contact Phone Number(s)</i>	<i>Email</i>	