STATEMENT OF MORAL CHARACTER

This form has been completed by:

☐ Licensed Healthcare Practitioner  ☐ School Instructor

(Relatives cannot complete this form)

Note to person completing this form: The information you provide will be confidential and disclosed only to persons involved in the licensing process. Please sign and return this form to the applicant in a sealed envelope, and sign your name across the back flap. You may also mail the completed form directly to the NC Board of Massage and Bodywork Therapy.

Name of APPLICANT (print): ______________________________________________________________________________

Name of person completing this form: _____________________________________________________________________________

State in which you are licensed as a healthcare practitioner: __________________ License #:____________________

State Agency you are licensed through: ______________________________________________________________________________

How long have you known the applicant? __________________________________________________________ __________

What opportunities have you had to form an opinion of this person’s moral character and adherence to ethical standards?
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

If you believe this applicant does possess good moral character, please state the reasons for your belief:
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

If you have any concerns about this person's moral character, please explain:
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
Please indicate to the best of your knowledge whether the applicant has ever been:

Fired or asked to resign from employment:  □ Yes  □ No

Dropped, suspended, asked to resign or otherwise suspended from any educational Institution:  □ Yes  □ No

Charged, arrested or convicted for a violation of any law, other than minor traffic offenses:  □ Yes  □ No

A party to any court proceeding:  □ Yes  □ No

Is there any reason why this applicant does not possess the high standards of moral character required for the admission to the practice of massage and bodywork therapy?  □ Yes  □ No

If any answer is YES, please explain:
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

I hereby certify that the information given above is from personal knowledge and I believe it to be correct. Information provided by others has been obtained from sources that I believe to be reliable and was not secured from the applicant or applicant’s relatives.

______________________________________________________________                 ____________________________________________
Signature of Person Completing Form                                    Date

Please Print or Type:

NAME OF PERSON COMPLETING FORM                                      HOME OR MOBILE TELEPHONE
__________________________________________________________________________________________________________________
MAILING ADDRESS                                      CITY            STATE            ZIP
__________________________________________________________________________________________________________________
NAME OF BUSINESS OR SCHOOL                                      BUSINESS OR SCHOOL PHONE

(End)