



NORTH CAROLINA BOARD of MASSAGE AND BODYWORK THERAPY

www.bmbt.org

Mailing Address: PO Box 2539, Raleigh, NC 27602 Phone: 919.546.0050
Location Address: 150 Fayetteville Street Mall, Suite 1900, Raleigh, NC 27601

STATEMENT OF MORAL CHARACTER

This form applies to applicants applying for a regular license.

This form must be completed by a **Licensed Healthcare Practitioner** who has known you for a minimum of three years.

(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:

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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

BUSINESS PHONE

(End)