



# NORTH CAROLINA BOARD of MASSAGE AND BODYWORK THERAPY

[www.bmbt.org](http://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 one of your **Massage and Bodywork Therapy School instructors**.

*(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 (*if applicable*): \_\_\_\_\_ 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?**

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

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**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:**

- 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
- Did this applicant have any disciplinary occurrences while in school?  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
- Did you observe any improper behavior, including sexual?  Yes  No

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

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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:**

|   |               |                                   |              |
|---|---------------|-----------------------------------|--------------|
| _____<br>NAME OF PERSON COMPLETING FORM |               | _____<br>HOME OR MOBILE TELEPHONE |              |
| _____<br>MAILING ADDRESS                | _____<br>CITY | _____<br>STATE                    | _____<br>ZIP |
| _____<br>NAME OF SCHOOL                 |               | _____<br>BUSINESS PHONE           |              |