



NORTH CAROLINA BOARD of MASSAGE AND BODYWORK THERAPY

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.

Name of **APPLICANT**: _____

Name of person completing this form: _____

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:

- Did this applicant have any disciplinary occurrences while in school? 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
- Did you observe any improper behavior, including sexual? 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 SCHOOL

BUSINESS PHONE

(End)