

*State of North Carolina*  
*Board of Chiropractic Examiners*  
*Office of the Secretary*

**CERTIFICATES OF GOOD MORAL CHARACTER**

**Three signatures are required.**

**Must include two signatures from two Chiropractors in good standing**

This certifies that we have been personally acquainted with \_\_\_\_\_  
for number of years as indicated below; to our knowledge applicant is not addicted to the intemperate use of  
alcohol or narcotic drugs; we know applicant to be of good moral character and hereby recommend him/her to the  
Board of Chiropractic Examiners of North Carolina as entirely worthy to be licensed to practice Chiropractic in  
the State of North Carolina, pursuant to law.

**Certification #1 - DC**

Name \_\_\_\_\_ (please print)

Graduated in \_\_\_\_\_ (year) from \_\_\_\_\_ (School)

Phone Number \_\_\_\_\_ How long have you known applicant? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Certification #2 - DC**

Name \_\_\_\_\_ (please print)

Graduated in \_\_\_\_\_ (year) from \_\_\_\_\_ (School)

Phone Number \_\_\_\_\_ How long have you known applicant? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Certification #3**

Name \_\_\_\_\_ (please print)

Phone Number \_\_\_\_\_ How long have you known applicant? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_