

**North Carolina Board of Chiropractic Examiners
Clinical Assistant Application for Certificate of Competency**

Applicant Name : _____

ATTESTATION OF GOOD MORAL CHARACTER

NOTE: This portion of the application form should be completed by a person who knows the applicant but is not related to the applicant, such as an employer, teacher, minister, neighbor, etc.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Your age: _____ Your occupation: _____

How do you know the applicant? _____

How long have you known the applicant? _____

I hereby attest that I am not related to the applicant, that I have known and observed the applicant for a sufficient period of time to form an opinion as to the applicant's character and reputation, and that in my judgment the applicant possesses good moral character.

Attester's Signature

Date: _____