

- Committee On Acupuncture-

200 Harvard Mill Square, Suite 330
Wakefield, MA 01880 Telephone: (781) 876-8210 Fax: (781) 876-8383
Website: www.massmedboard.org

CERTIFICATE OF MORAL CHARACTER

INSTRUCTIONS TO THE APPLICANT: This form must be signed by a someone who has known you for a substantial period of at least three (3) years and who is not a relative.

PHOTOGRAPH

Attach a recent 2 x 2 color photograph. Black and white photographs will not be accepted. You must sign your name in the presence of a Notary Public and then send the completed form to a person who has known you for at least three (3) years. When the signed form is returned to you, do not open the envelope. This form must be sent to the Board with your full acupuncture license application

Signature of Applicant

I certify that the photograph above is a genuine likeness of the maker of the signature above.

Signature of Notary

My Commission Expires

CERTIFICATION OF MORAL AND PROFESSIONAL CHARACTER

This certifies that I have been personally acquainted with the acupuncturist named below:

(name of applicant)

for _____ years. I believe that the above named acupuncturist is of good moral character and worthy of confidence and recommend him/her to the Committee On Acupuncture for licensure.

Signature of Certifying Person

Print Name

Date: ____/____/____

Address: _____

City: _____

State: _____ Zip: _____

Telephone: (____) _____

Please return the completed form to the applicant *in a sealed envelope with your signature across the seal.* Thank you