

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

CERTIFICATE OF MORAL AND PROFESSIONAL CHARACTER

INSTRUCTIONS TO THE APPLICANT: This form must be signed by a physician legally authorized to practice medicine in the United States. Someone who has known you for a substantial period of time and is not a relative should execute this statement. The Board of Registration in Medicine prefers statements from physicians licensed to practice in Massachusetts.

PHOTOGRAPH	CERTIFICATION OF MORAL AND PROFESSIONAL CHARACTER
<p>Attach a recent 2 x 2 <u>color</u> photograph. Black and white photographs will not be accepted.</p> <p>You must sign your name in the presence of a Notary Public.</p>	<p>This certifies that I have been personally acquainted with the physician named below:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(name of applicant)</p> <p>for _____ years. I believe that the above named physician is of good moral character and worthy of confidence and recommend him/her to the Massachusetts Board of Registration in Medicine.</p>
<p>_____ Signature of applicant</p> <p>I certify that the photograph above is a genuine likeness of the maker of the signature above.</p>	<p>_____ Signature of Certifying Physician</p> <p>_____ License Number _____ State</p> <p>_____ Type or print name clearly</p>
<p>_____ Signature of Notary</p> <p>_____ My commission expires</p>	<p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Telephone: (_____) _____</p> <p>Date: ____/____/____</p>

Instructions to the certifying physician: Return the completed form to the applicant in a sealed envelope with your signature across the seal.