

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

**CERTIFICATES OF GOOD MORAL CHARACTER**

(Signed by not less than two Chiropractors in good standing)

This certifies that we have been personally acquainted with \_\_\_\_\_

for ( ) ( ) ( ) years; that \_\_\_\_\_ is not addicted to the intemperate use of

alcohol or narcotic drugs; that we know \_\_\_\_\_ to be of good moral character and hereby recommend

\_\_\_\_\_ 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.

Name \_\_\_\_\_

P.O. Address \_\_\_\_\_

Graduate(in the year 19 \_\_\_\_ ) of \_\_\_\_\_

Name \_\_\_\_\_

P.O. Address \_\_\_\_\_

Graduate(in the year 19 \_\_\_\_ ) of \_\_\_\_\_

Name \_\_\_\_\_

P.O. Address \_\_\_\_\_

Graduate(in the year 19 \_\_\_\_ ) of \_\_\_\_\_