



**DISTRICT OF COLUMBIA
DC BOARD OF MEDICINE
ADVISORY COMMITTEE ON ACUPUNCTURE
CHARACTER REFERENCE FORM**

APPLICANT'S NAME

APPLICANT'S ADDRESS

Dear Sir/Madam

The applicant whose name and address appear above has applied for a license to practice as an Acupuncturist in the District of Columbia and lists you as a reference for his/her moral character and professional experience.

Please complete and return this form to the address below. Your prompt attention to this request will greatly assist the Advisory Committee on Acupuncture when considering the applicant for licensure. The Advisory Committee will consider your reply as confidential information.

**Department of Health
Health Professional Licensing Administration
DC Board of Medicine/Advisory Committee on Acupuncture
899 North Capitol Street, NE., First Floor
Washington, DC 20002**

TO: District of Columbia Board of Medicine, Advisory Committee on Acupuncture

I hereby certify that since (date) _____, I have been closely associated with _____, residing in _____

as to be able to intelligently express an opinion as to his/her character, mental condition and habits, and that to the best of my knowledge and belief, he/she is of good moral character and free from mental defects and drug habits that are liable to interfere with the proper practice of medicine/acupuncture.

REMARKS: _____

Name (Please Print or Type)

Signature and Title

Address

If additional space is necessary for comments, please use the reverse side of this form.