

Government of the District of Columbia  
Department Health  
Health Professional Licensing Administration



**BOARD OF DIETETICS AND NUTRITION  
MORAL CHARACTER REFERENCE FORM**

\_\_\_\_\_  
APPLICANT'S NAME

\_\_\_\_\_  
APPLICANT'S ADDRESS

Dear Madam/Sir:

The applicant whose name appears above has applied for a license to practice as a Dietitian or Nutritionist 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 Dietitians and Nutritionist when considering the applicant for licensure. The Board of Dietetics and Nutrition will consider your reply as confidential information.

**Department of Health  
Health Professional Licensing Administration  
Board of Dietetics and Nutrition  
899 North Capitol Street, NE, First Floor  
Washington, DC 20002**

TO: District of Columbia Board of Dietetics and Nutrition

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 as a Dietitian or Nutritionist.

REMARKS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Name (Please Print or Type)**

\_\_\_\_\_  
**Signature/Title**

**Address;** \_\_\_\_\_