

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



Board of Optometry

Professional Character Reference of Moral Character

Applicant Name _____

Applicant Social Security Number _____

This certifies that we have been personally acquainted with the applicant noted above for a period of not less than five (5) years; that s/he is not addicted to the use of alcohol or narcotic drugs; that we know him/her to be of good moral character and hereby recommend him/her as being worthy to be licensed to practice in the District of Columbia, pursuant to law.

1. _____
Signature Printed Name Date

Address

2. _____
Signature Printed Name Date

Address

3. _____
Signature Printed Name Date

Address

Return this form to:

Department of Health
Health Professional Licensing Administration
Board of Optometry
899 North Capitol Street, NE
Washington, DC 20002