DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA
Health Systems & Preparedness Administration

DC Board of Dentistry

Moral Character Reference Form

Please list three **(3)** character references and include all required contact information.

1. **Name:** _____

   Address: _____

   City: _____ **State:** _____ **Zip Code:** _____

   Telephone Number: _____

   Email Address: _____

2. **Name:** _____

   Address: _____

   City: _____ **State:** _____ **Zip Code:** _____

   Telephone Number: _____

   Email Address: _____

3. **Name:** _____

   Address: _____

   City: _____ **State:** _____ **Zip Code:** _____

   Telephone Number: _____

   Email Address: _____

Applicant Name: _____

License Number: _____

Please upload this document onto your DC Health account or submit it to the board via email, dcbod@dc.gov