

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.

DC Board of Dietetics and Nutrition
899 North Capitol Street NE
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; _____