



**DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
HEALTH PROFESSIONAL LICENSING ADMINISTRATION  
BOARD OF MEDICINE'S ADVISORY COMMITTEE ON NATUROPATHIC PHYSICIANS**

**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 a Naturopathic Physician 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 Board of Medicine when considering the applicant for licensure. The Board will consider your reply as confidential information.

**Department of Health  
Health Professional Licensing Administration  
Board of Medicine  
899 North Capitol St., NE, 2nd Floor  
Washington, DC 20002**

TO: District of Columbia, Board of Medicine:

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 Naturopathic Physician.

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

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

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

\_\_\_\_\_  
Address