

STATE OF NEVADA – BOARD OF OSTEOPATHIC MEDICINE
Affidavit of Moral and Professional Character

(This form may be duplicated a total of THREE from different physicians is required)

This letter of recommendation must be signed by a licensed D.O., M.D., P.A., or APRN

_____, 20

City State Date

To the Nevada State Board of Osteopathic Medicine:

I certify that I am licensed under the laws of _____ to practice either allopathic or osteopathic medicine and that I have known the applicant,

_____, D.O or P.A., for _____ years, that I personally knew the applicant while actively engage in the practice of osteopathic medicine; that he/she is of good moral character and worthy of professional recognition, that he/she is free from habits liable to interfere with the provision of professional services, has good standing in the community in which he/she resides and is worthy of receiving a license to practice osteopathic medicine in the State of Nevada.

Signature

Address

Print Name

Subscribed and sworn to before me on the _____ day of _____, 20 _____

Signature of Notary

Notary Public State of _____

My Commission expires on _____

Residing at _____

Please return completed form to the:

Nevada State Board of Osteopathic Medicine
2275 Corporate Circle, Suite 210
Henderson, NV 89074
702-732-2147