

# CHARACTER REFERENCE FORM

This form is to be completed by individuals employed in the health care or patient care industry who is able to verify the good moral character of the applicant. The two letters of character reference shall be from individuals who are not related by blood or marriage to the applicant and who have known the applicant for at least one year.

Note: Please complete this form and return it by mail to the:

Executive Director  
State of Alabama Board of Examiners of  
Assisted Living Administrators  
2740 Zelda Road, Suite 3B  
Montgomery, AL 36106

**(Faxed copies will not be accepted. The ORIGINAL form must be mailed to the BOEALA by the individual filling out the form.)**

NAME OF APPLICANT: \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

**Please initial each of the statements below verifying if the information is true.**

I verify that:

\_\_\_\_\_ I have known the above named applicant for at least one (1) year;

\_\_\_\_\_ I am not related to the applicant by blood or marriage; and

\_\_\_\_\_ The applicant is of good moral character; and

\_\_\_\_\_ I am not in a subordinate position to the applicant.

**Additional Comments (Requested):**

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Signed: \_\_\_\_\_

Please Print Name & Job Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**Name of Business where you are currently employed:**

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This form is part of the Application for License as an Assisted Living Administrator packet produced by the Alabama Board of Examiners of Assisted Living Administrators, 2740 Zelda Road Ste. 3B, Montgomery, AL 36106.