

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
60 Commerce Street – Suite 1440
Montgomery, AL 36104

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):

Signed: _____

Please Print Name & Job Title: _____

Address: _____

Phone: _____

Name of Business where you are currently employed:
