



NEW HAMPSHIRE BOARD OF CHIROPRACTIC EXAMINERS

121 South Fruit Street, Suite 303, Concord, NH 03301-6504
(603) 271-9482

REFERENCE LETTER
(Please print clearly)

I, _____, D.C. have had the experience of ____ supervising or ____ knowing
_____ (applicant's name) since _____.

I have found the applicant to be a person of high moral character and worthy of the New Hampshire Board of
Chiropractic Examiners' recognition and confidence to become licensed to practice chiropractic in the State of
New Hampshire.

Signature

I acknowledge that, pursuant to RSA 641:3, I,
knowingly making a false statement on this form
is punishable as a misdemeanor.

Date Signed: _____

Name and address of Doctor of Chiropractic
completing reference letter (please print):

Name: _____

Address: _____

Telephone number of Doctor of Chiropractic completing reference letter: (_____) _____ - _____