



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
Board of Chiropractic Examiners
7 Eagle Square, Concord, NH 03301
Phone: 603-271-2152

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: (_____) _____ - _____