

**WV BOARD OF REGISTERED NURSES**  
5001 MacCorkle Avenue SW  
South Charleston, WV 25309

Dialysis Technician Applicant Good Moral Character Certification Form

This is to certify that \_\_\_\_\_  
(full NAME OF DIALYSIS TECEHNICIAN APPLICANT)

Is personally known to me, and that he/she is of **good moral character**; I HAVE KNOWN HIM/HER FOR \_\_\_\_\_ YEARS (Length of time must be at least five (5) years). I hereby recommend him/her to the West Virginia Board of Registered Nurses pursuant to law.

Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_