

WV BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL 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 Examiners for Registered professional Nurses pursuant to law.

Signature: _____ Position: _____ Date: _____