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STATE OF WEST VIRGINIA
BOARD OF EXAMINERS FOR REGISTERED PROFESSIONAL NURSES
90 MacCorkle Ave., SW, Suite 203
South Charleston, WV 25303

Dialysis Technician Applicant Good Moral Character Certification Form

This is to certify that _____
(full NAME OF DIALYSIS TECHNICIAN 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: _____