



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Applied Behavior Analyst Examiners
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**Applied Behavior Analyst Examiners
Certificate of Good Moral Character**

Section to be completed by applicant.

Please print clearly.

_____ Name of applicant

_____ Street address City State ZIP code

_____ Telephone number (include area code)

To the Applied Behavior Analyst Examiners

Section to be completed by reference.

This to certify that _____, being known to me personally, is of good moral character. Therefore, I recommend this applicant for licensure as an Applied Behavior Analyst Examiners in the State of New Jersey pursuant to N.J.S.A. 45:8B-100 et seq.

_____ Name of reference (excluding family members)

_____ Street address City State ZIP code

_____ Professional title Relationship to applicant

I hereby certify that the foregoing statements made by me are true. I am aware that if the foregoing statements made by me are willfully false, I am subject to punishment.

_____ Signature (reference) _____ Date