



New Jersey Office of the Attorney General

Division of Consumer Affairs
Occupational Therapy Advisory Council
124 Halsey Street, 6th Floor, P.O. Box 45037
Newark, New Jersey 07101
(973) 504-6570

**Occupational Therapy Advisory Council
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 Occupational Therapy Advisory Council

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 Occupational Therapist/Occupational Therapy Assistant in the State of New Jersey pursuant to N.J.S.A. 45:9-37.51 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