

# CHARACTER REFERENCE FORM

This form is to be completed by a professional individual who is able to verify the good moral character of the applicant.

Note: Please complete this form and return it to the:

Executive Director  
State of Alabama Board of Examiners of  
Assisted Living Administrators  
5921 Carmichael Road  
Montgomery, AL 36117

NAME OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

**Please initial each of the statements below verifying if the information is true.**

I verify that:

- \_\_\_\_\_ I have known the above named applicant for at least one (1) year;
- \_\_\_\_\_ I am not related to the applicant by blood or marriage; and
- \_\_\_\_\_ The applicant is of good moral character.

**Additional Comments (Requested):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Name of Business or Type of Professional Work You Are Engaged In:

\_\_\_\_\_

This form is part of the Application for License as an Assisted Living Administrator packet produced by the Alabama Board of Examiners of Assisted Living Administrators, 5921 Carmichael Road, Montgomery, AL 36117.