



Chiropractic Credentialing
P.O. Box 47858
Olympia, WA 98504-7858
360-236-2822

Letter of Recommendation

Please complete this reference form and return it directly to the address shown above.

This is to certify I have known _____

for _____ years, from _____ to _____, during which period he/she was engaged in the study or active practice of chiropractic. To the best of my knowledge he/she is of good moral and professional character, is free from habits which might interfere with his/her professional activities and is worthy of holding a license to practice Chiropractic in the state of Washington.

Additional Comments:

Note: No member of the profession is expected to sign this Letter of Recommendation if you do not know the applicant personally, or are not willing to supply additional information concerning this person's character and education, upon request from the Chiropractic Quality Assurance Commission.

Print your name

Your Signature

Address

City

State

Zip Code

Phone (enter 10 digit #