



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Psychological Examiners
124 Halsey Street, 6th floor, P.O. Box 45017
Newark, New Jersey 07101



Certificate of Good Moral Character

To the Candidate:

Please send one of the two forms provided to someone you wish to use as a reference. It should be completed by that individual and returned to the Board office.

**State Board of Psychological Examiners
P.O. Box 45017
124 Halsey Street
Newark, New Jersey 07101**

This certifies that I am personally acquainted with _____
Print name

of _____,
Street address City State ZIP code

that I know h _____ to be of good character and hereby recommend h _____ to the State Board of Psychological Examiners to practice psychology in the State of New Jersey, pursuant to Law.

Print name

Signature

Address _____
Street address City State ZIP code

Relationship to applicant _____

Note: This form cannot be completed by a relative.



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