

Certificate of Good Character

ALL REGISTRATION APPLICANTS ARE REQUIRED TO SUPPLY:

- One certificate of Good Character from a registered medical radiation technologist
- One certificate of Good Character from a person who has known you for one year or more and who is not related to you

REFEREE TO COMPLETE FROM BELOW:

I hereby certify that I have known _____
(name of applicant)

for _____
(length of time)

and I know him/her to be of good reputation and character. To the best of my knowledge I confirm the applicant has no prior criminal convictions. I support his/her application for registration with the Medical Radiation Technologists Board. I agree to supply additional information if required by the Board

Please add any other comments you wish to make in reference to the above named applicant:

Name: _____ Signed: _____

Date: _____

Address: _____

Phone: _____ Email: _____

Occupation: _____

Relationship to Applicant: _____