

**NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE**

**Anesthesiologist Assistant Affidavit of Moral and Professional Character**

(This form may be duplicated for a total of THREE from different references is required) **At least one Affidavit must be completed by a medical professional the applicant has known for at least three (3)years or more.**

This letter of recommendation must be signed by a licensed D.O., M.D., P.A., A.A., or APRN

, 20

City

State

Date

To the Nevada State Board of Osteopathic Medicine:

I certify that I am licensed under the laws of \_\_\_\_\_ to practice either allopathic or osteopathic medicine and that I have known the applicant,

\_\_\_\_\_, D.O or P.A. or A.A., for \_\_\_\_\_ years, that I personally knew the applicant while actively engaged as an anesthesiologist assistant assisting in the practice of osteopathic medicine; that he/she is of good moral character and worthy of professional recognition, that he/she is free from habits liable to interfere with the provision of professional services, has good standing in the community in which he/she resides and is worthy of receiving an anesthesiologist assistant license to assist in the practice osteopathic medicine in the State of Nevada.

Signature

Address

Print Name

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Notary

My Commission expires on \_\_\_\_\_

Please return completed form to the:

**Nevada State Board of Osteopathic Medicine  
2275 Corporate Circle, Suite 210  
Henderson, NV 89074**

**Phone: 702-732-2147**