



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE, 2nd FLOOR
NASHVILLE, TENNESSEE 37243

TENNESSEE BOARD OF OCCUPATIONAL THERAPY
(615) 741-3807 or 1-800-778-4123
www.tn.gov/health

**APPLICATION INSTRUCTIONS FOR LICENSURE AS AN OCCUPATIONAL THERAPIST
AND
OCCUPATIONAL THERAPY ASSISTANT

LICENSURE APPLICATION CHECK SHEET**

Provided below is a checklist for your personal use and convenience containing all the things you must do to receive consideration for issuance of a Tennessee license to practice occupational therapy.

NOTE: All submissions must be executed and dated less than one (1) year before receipt or they will be rejected by the Board.

1. Complete, sign and have notarized the application pages 1 through 6. <i>(Only page 6 of the application must be notarized.)</i>	_____
2. Attach a recent, passport style photograph taken within the last 12 months to the application. Computer generated images are not acceptable.	_____
3. Determine the correct amount of fees to be paid according to the fee schedule. Attach check or money order for the proper amount made payable to the Tennessee Board of Occupational Therapy.	_____
4. Exam applicants must submit an original letter of recommendation attesting to their good moral character. The letter cannot be from a relative. (Reciprocity applicants do not need to submit a letter of recommendation.)	_____
5. If you are applying for a limited permit, you must submit proof of approval to take the National Board for Certification in Occupational Therapy (NBCOT). All examination scores (pass or fail) must be reported directly to the Board's Administrative Office by the NBCOT. When you sit for the NBCOT exam you must request that your scores be reported to the Tennessee Board of Occupational Therapy.	_____
6. Tennessee only issues one limited permit to those individuals who are scheduled to take the exam for the first time. <u>If you have previously failed the exam once in any state, you are not eligible for a limited permit in Tennessee.</u> If you are eligible for a limited permit, please complete the "Limited Permit Request" (Attachment 1) form. This form must be signed by your supervisor and notarized.	_____

<p>7. You must have your school send official transcripts that show degree awarded. If you have completed all the requirements for your degree and your transcripts are not available, you may have the Program Director of the school send verification that all requirements for your degree have been completed. If all other requirements have been met a limited permit may be issued. The official transcripts must be received from your educational institution before permanent certification can be granted. Please complete the "Education Verification" form (Attachment 2) to have the school send official transcripts.</p>	<p>_____</p>
<p>8. Complete and mail the "State Verification" form (Attachment 3) to each state, community or province in which you hold or have held a license, certificate or permit to practice any profession.</p>	<p>_____</p>
<p>9. Reciprocity applicants must have NBCOT submit verification of certification or licensure. Please contact the NBCOT at www.nbcot.org for instructions on ordering verification.</p>	<p>_____</p>
<p>10. All Occupational Therapist Applicants must complete and return the Mandatory Practitioner Profile before licensure consideration. For instructions, click here.</p>	<p>_____</p>
<p>11. If you wish to obtain certification to perform modality treatments, please complete and return the Modality Certification Application here.</p>	<p>_____</p>
<p>12. Criminal background check. To obtain instructions for the criminal background check, click here.</p>	<p>_____</p>
<p>13. All applicants must complete the Declaration of Citizenship attachment and have it notarized. A valid form of identification should be included. Please see examples provided in the form.</p>	<p>_____</p>

UNDERSTANDING THE APPLICATION PROCESS

If an address change occurs at any time, you must notify the Board office, in writing, immediately.

1. All application fees are **non-refundable**.
2. All documents and fees required to be submitted by you or which must be requested from the appropriate institutions in this application process, must be mailed directly to:

Board of Occupational Therapy
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243

For Federal Express or Special
Courier:
Board of Occupational Therapy
665 Mainstream Drive, 2nd Floor
Nashville, TN 37228

3. **Allow fourteen (14) working days for information mailed to our office to be received and placed in your file.** Federal Express or special courier services will not appreciably reduce the processing time. Additionally, if Federal Express or special courier services are used you will be responsible for charges incurred. The Board asks that you please give the Board office every consideration in this matter.
4. **We will discuss application status with the applicant, applicant's spouse or to whomever may hold power of attorney only.** Please inform hospitals, employers, recruiters, referral companies or insurance companies that application status updates must be obtained from the applicant only. Status information will be mailed to the address listed on the application.
5. An initial deficiency letter will be sent to you by certified mail to notify you of documentation not received to complete your application process by the Board office.
6. **Absent any complicating factors, the average application processing time is six weeks.** Once the application is completed, your file will be promptly reviewed and an initial licensure determination made. You will be promptly notified by letter of the initial determination.
8. It is recommended that you **do not** make arrangements to accept employment as an Occupational Therapist or an Occupational Therapy Assistant Practitioner in Tennessee until you are granted a license by the Tennessee Board of Occupational Therapy.

Thank you for your cooperation. We will make every effort to expedite your application in an efficient manner.

IMPORTANT: You must have a Tennessee License from the Board in your possession before you may lawfully practice as either an Occupational Therapist or Occupational Therapy Assistant.

LICENSURE INFORMATION

List below **ALL STATES, COUNTIES OR PROVINCES IN WHICH YOU HAVE EVER BEEN OR ARE CURRENTLY LICENSED PERMITTED OR CERTIFIED** as an Occupational Therapy Practitioner. Additional pages may be added if necessary. Submit a copy of **“State Verification Form”** to all such States, counties, or provinces regarding such licensure, certification or permit. Use the back of [this page](#) if you need additional space. **(If none mark N/A)**

STATE	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List below **ALL** states, counties or provinces in which you hold or have ever held a license, certification or permit as a health professional other than a Occupational Therapy Practitioner. Submit a copy of **“State Verification Form”** to all such states, counties or provinces regarding such licensure, certification or permit. Use the back of [this page](#) if you need additional space. **(If none mark N/A)**

STATE	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- | | Yes | No |
|---|-------|-------|
| 1. Have you ever applied for an Occupational Therapy license in Tennessee?
Check one: () Assistant () Therapist | _____ | _____ |
| 2. Have you ever taken the American Occupational Therapy Certification Board Examination (AOTCB/NBCOT):
Check one () Assistant () Therapist

If yes, please give dates on which the exam was taken _____ | _____ | _____ |
| 3. Are you currently scheduled to take the AOTCB/NBCOT in any other state?

If yes, please list state in which you are scheduled to take the AOTCB/NBCOT _____ | _____ | _____ |
| 4. Have you ever failed the AOTCB/NBCOT? If yes, how many times _____ | _____ | _____ |

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If any answers to the questions in this part are in the **affirmative**, **attach an explanation on a separate sheet.** *In support of your explanation, the final documents or orders from the issuing states, courts, or agencies must be submitted along with this application.*

For the purposes of these questions, the following phrases or words have the following meanings:

1. **"Ability to practice your profession"** is to be construed to include all of the following:
 - a. The cognitive capacity to make appropriate clinical diagnosis (if necessary) and exercise reasoned judgments and to learn and keep abreast of developments in your profession; and
 - b. The ability to communicate those judgments and information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
 - c. The physical capability to perform tasks and procedures required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **"Medical Condition"** includes physiological, mental or psychological conditions or disorders, such as, but not limited to; orthopedics, visual, speech and/or hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.
3. **"Chemical substances"** is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
4. **"Currently"** does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee, or within the past two (2) years.
5. **"Illegal use of controlled substances"** means the use of controlled substances obtained illegally (e.g. heroin, or cocaine) as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS:

	YES	NO
1. Do you currently have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?	_____	_____
a. If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medication) or participate in a monitoring program?	_____	_____
b. If you have any limitations or impairments caused by an existing medical condition, are they reduced or ameliorated because of the field or practice, the setting or the manner in which you have chosen to practice?	_____	_____

[If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.]

COMPETENCY INFORMATION CONTINUED

QUESTIONS:	YES	NO
2. Do you currently use chemical substances?	_____	_____
a. If yes, have your doctor submit a letter to state if they in any way impair or limit your ability to practice your profession with reasonable skill and safety?	_____	_____
3. Are you currently engaged in the illegal use of controlled substances?	_____	_____
a. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of controlled substances?	_____	_____
4. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?	_____	_____
5. If you have ever held or applied for a license or certificate to practice Occupational Therapy in any state, country or province, has it been or was it ever denied, reprimanded, suspended, restricted, revoked, or otherwise disciplined, curtailed or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____
6. If you have ever had staff privileges at any hospital or health care facility have they ever been revoked, suspended, curtailed, restricted, limited or otherwise disciplined or voluntarily surrendered under threat or restriction or disciplinary action?	_____	_____
7. Have you ever failed an Occupational Therapy licensure examination?	_____	_____
8. Have you ever been convicted of a felony or a misdemeanor other than a minor traffic violation?	_____	_____
9. Have you ever been rejected or censured by a professional society?	_____	_____
10. In relation to the performance of your professional services in any profession:	_____	_____
a. Have you ever had a final judgment rendered against you; or	_____	_____
b. Have you ever had settlement of any legal action rendered against you; or	_____	_____
c. Are there any legal actions pending against you or to which you are a party?	_____	_____
11. If you have ever held a license or certificate in any health care profession, has it ever been reprimanded, suspended, restricted, revoked, or otherwise disciplined, curtailed or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____

APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT IN THE PRESENCE OF A NOTARY PUBLIC

AFFIDAVIT AND RELEASE

I, _____, of _____, being duly sworn and identified as
(Applicant's Name) (City) (State)
the person referred to in this application, attests to the truth of each statement made in said application. **I further swear that I have read and understand the law and the rules and regulations which are available on the website under statutes, rules and policies and agree to abide by them in the practice of Occupational Therapy in the State of Tennessee.**

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary which may include a Board interview.

RELEASE to the Board, its staff and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice Occupational Therapy.

AUTHORIZE the Board, its staff and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others and other qualifications;

RELEASE from liability the Board, its staff and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character and other qualifications for certification.

ACKNOWLEDGE that I, as an applicant for certification, have the burden of producing adequate information for a proper evaluation of my professional, ethical and other qualifications and for resolving any doubts about such qualifications.

In order to comply with federal statutes, the Board of Occupational Therapy is obligated to inform each applicant or licensee from whom it requests a social security number that disclosing such number is mandatory in order for this Board to comply with the requirements of the federal Healthcare Integrity and Protection Data Bank and/or the National Practitioner Data Bank. If the Board is required to make a report about one of its applicants or licensee to either or both of these data banks, it must report that individual's social security number. This application will not be complete if the social security number is omitted. The number will be used for identification purposes and for such other purposes as are allowed by state and federal law.

AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE

Sworn to before me, this ____ day of _____, 20____.

NOTARY PUBLIC

Affix Seal Here

My Commission expires _____

FEE SCHEDULE FOR THE BOARD OF OCCUPATIONAL THERAPY

CIRCLE AND PAY ONLY **ONE** METHOD OF APPLICATION

OCCUPATIONAL THERAPIST

OT <input type="checkbox"/> By examination without limited permit or by Reciprocity: (Total fee due \$ 110.00)		
\$25.00	APPLICATION FEE	94-001
\$40.00	REGISTRATION FEE	94-001
\$35.00	CERTIFICATE FEE	94-001
\$10.00	STATE REGULATORY FEE	94-006

OT <input type="checkbox"/> By examination with limited permit: (Total fee due \$ 135.00)		
\$25.00	APPLICATION FEE	94-001
\$40.00	REGISTRATION FEE	94-001
\$35.00	CERTIFICATE FEE	94-001
\$25.00	LIMITED PERMIT FEE	94-001
\$10.00	STATE REGULATORY FEE	94-006

NAME OF APPLICANT: _____
 (PLEASE PRINT)

ATTACH CHECK OR MONEY ORDER PAYABLE TO **STATE OF TENNESSEE** TO THIS PAGE AND ATTACH THIS PAGE TO THE FRONT OF THE APPLICATION IF APPLYING AS AN **OCCUPATIONAL THERAPIST**.

CIRCLE AND PAY ONLY ONE METHOD OF APPLICATION

OCCUPATIONAL THERAPY ASSISTANT

OT <input type="checkbox"/> By examination without limited permit or by Reciprocity: (Total fee due \$ 85.00)		
\$15.00	APPLICATION FEE	95-001
\$30.00	REGISTRATION FEE	95-001
\$30.00	CERTIFICATE FEE	95-001
\$10.00	STATE REGULATORY FEE	95-006

OT <input type="checkbox"/> By examination with limited permit: (Total fee due \$ 110.00)		
\$15.00	APPLICATION FEE	95-001
\$30.00	REGISTRATION FEE	95-001
\$30.00	CERTIFICATE FEE	95-001
\$25.00	LIMITED PERMIT FEE	95-001
\$10.00	STATE REGULATORY FEE	95-006

NAME OF APPLICANT: _____
(PLEASE PRINT)

ATTACH CHECK OR MONEY ORDER PAYABLE TO **STATE OF TENNESSEE** TO THIS PAGE AND ATTACH THIS PAGE TO THE FRONT OF THE APPLICATION IF APPLYING AS AN **OCCUPATIONAL THERAPY ASSISTANT**.



TENNESSEE BOARD OF OCCUPATIONAL THERAPY
(615) 741-3807 or 1-800-778-4123

LIMITED PERMIT REQUEST

Tennessee only issues one permit to those individuals who are scheduled to take the examination **for the first time**. *If you have previously failed the examination once in any state, you are not eligible for a limited permit in Tennessee.* Complete this form only if you are eligible to sit the next scheduled NBCOT exam and requesting a limited permit to work in Tennessee.

To Be Completed By Applicant

PLEASE PRINT IN INK

I, _____, an applicant for licensure by
(Applicant's Name)
examination, do hereby request a permit for use until receipt of my examination results. The Tennessee Occupational Therapist who will be providing my supervision is:

(Supervisor's Name) (Certificate #)

The name and address of the facility where the permit will be used is:
Facility Name: _____
Street Address: _____
City, State, Zip: _____
Facility Phone Number: (_____) _____ - _____

LIMITED PERMIT AFFIDAVIT OF SUPERVISOR

PLEASE PRINT IN INK (To be completed by supervisor in the presence of a notary public)

I _____, will have the responsibility
(Supervisor's Name)
for direct supervision occupational therapy services of the occupational therapy services delivered by the above-named applicant, who has applied for licensure as an **(circle one)** occupational therapist/occupational therapy assistant in Tennessee, during the tenure of his/her limited permit.

(Supervisor's Signature) (Certificate #)

Supervisor's Facility Address:

Phone #: (_____) _____ - _____

Subscribed and sworn before me this _____ day of _____, _____.

Notary Public My Commission Expires _____

AFFIX SEAL

Attachment 2



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE, 2nd FLOOR
NASHVILLE, TENNESSEE 37243
BOARD OF OCCUPATIONAL THERAPY
(615) 741-3807 or 1-800-778-4123
EDUCATION VERIFICATION**

APPLICANT: Supply the information requested in this box and then mail this entire form to the school at which you completed your occupational therapy educational program. **NOTE:** Some schools require a fee, so you may wish to contact the institution before mailing this form so that you can attach the applicable fee(s).

TO WHOM IT MAY CONCERN:

I am applying for a license or permit to practice occupational therapy in the State of Tennessee. The Board of Occupational Therapy requires verification of educational attainment. Please forward an original transcript showing degree awarded and bearing the institution's official seal to the Board's address below.

Applicant's Full Name: _____
(First) (Middle) (Last) (Maiden)

Applicant's Address: _____

Applicant's Social Security Number: _____ - _____ - _____

Applicant's Student Identified Number: _____

Year of Graduation: _____

Degree Conferred: _____ Date Degree Conferred: _____

Please forward an original graduate transcript bearing the institution's official seal to:

**Board of Occupational Therapy
665 Mainstream Drive
Nashville, TN 37243**

Thank you for your cooperation and prompt response.

Applicant's Signature Date

Attachment 3



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE, 2nd FLOOR
NASHVILLE, TENNESSEE 37243

BOARD OF OCCUPATIONAL THERAPY
(615) 741-3807 or 1-800-778-4123

VERIFICATION FROM OTHER STATE LICENSING BOARDS

APPLICANT: Please provide the information requested in the top box and then mail one form to the licensing board in EACH state where you **hold or have ever held** a certificate/license/permit to practice any profession. (Copies of this form can be used.) **NOTE:** Some states require a fee for providing clearance information. To expedite your application, you may wish to contact the applicable state(s).

To Be Completed By Applicant (Please Print In Ink)

I, the undersigned applicant, was granted a **(circle one)** license/certificate/permit to practice _____
(Profession)

with **(check one)** License Certificate Permit

Number _____ on _____, in the State of _____.
(Date)

The Tennessee Board of Occupational Therapy requests that I submit evidence of the current status of that license in your state. You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Tennessee Board of Occupational Therapy.

Applicant's printed name: _____

Applicant's signature: _____ Date: _____

To Be Completed By Administrative Office of State Certification Board

Name In Full As It Appears On License/Certificate or Permit:

(First) (M.I.) (Last)

License/Certificate/Permit Number: _____ Profession: _____

Date Issued: _____ Date of Expiration: _____

Basis of issuance: _____ Endorsement/Reciprocity with _____
(Check One) (State)

_____ Written Examination _____
(Name of Exam)

The License is currently active and registered? ___ Yes ___ No

Is there any derogatory information on file? ___ Yes ___ No
If yes, Please attach supporting documentation.

Authorized Signature Title Date



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DR.
NASHVILLE, TN 37243

DECLARATION OF CITIZENSHIP
MUST ACCOMPANY ALL APPLICATIONS FOR INITIAL LICENSURE OR REINSTATEMENT OF LICENSURE

The "SAVE Act" requires Tennessee Department of Health (including all Boards, Commissions, and contractors), along with every local health department in the State, to verify that every adult applicant for a professional license is either a U.S. citizen, a "qualified alien," or a nonimmigrant who meets the requirements set out at 8 U.S.C. 1621.

I am a(n) _____
Healthcare Profession (Please Print) License number if applicable

Please Print Legibly

1. Name: _____
Last First Middle Maiden_
2. Mailing Address: _____
3. Phone Number: Home: (____) ____ - ____ Office: (____) ____ - ____ Fax: (____) ____ - ____
4. I am a United States Citizen: ___ Yes ___ No
5. I am a foreign national not physically present in the United States ___ Yes ___ No. If you answered yes, to this question please sign this form in the presence of a notary and return it with your application. No further documentation is required.
6. Applicants Claiming United States Citizenship **MUST** provide one of the following:
 - a) Tennessee Driver's License, or photo ID issued by Department of Safety.
 - b) A valid driver license or ID issued by another state, provided its issuance requirements meet Department of Safety criteria.
 - c) An official birth certificate issued by a U.S. state, territory, or other jurisdiction. Puerto Rican birth certificates issued before July 1, 2010 do not count.
 - d) A federally issued birth certificate.
 - e) A valid, unexpired U.S. passport.
 - f) A report of birth abroad of a U.S. citizen.
 - g) A certificate of citizenship.
 - h) A certificate of naturalization.
 - i) A U.S. citizen ID card.
 - j) Any successor document to #'s a-i above.
 - k) SSN that the entity or local health department may verify with the Social Security Administration in accordance with federal law.
7. If you checked "No" in question 4 please indicate from the list below which category applies to you: (circle one)
 - a) Permanent Residents

- b) A nonimmigrant applicant for a professional or commercial license whose visa for entry into the United States is related to such employment, or a nonimmigrant under the Immigration and Nationality Act (8 U.S.C. 1101 *et seq.*).

- c) Asylees who meet the qualifications set out in 8 U.S.C. 1158
- d) Refugees who meet the qualifications set out in 8 U.S.C. 1157
- e) Persons who have been “paroled into the United States,” under 8 U.S.C. 1182(d)(5) or whose deportation has been withheld under 8 U.S.C. 1253.
- f) Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980
- g) Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
- h) An alien who has been “battered” or subjected to “extreme cruelty” by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c)(2) and (3), victims’ children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming **qualified alien status** (question 7 above), please submit two of the following forms of “documentation of identity and immigration status” as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status are listed below. (Note: If you can provide only one document, your status will be verified through the U.S. Department of Homeland Security’s SAVE program):

- I-327 (Reentry Permit)
- I-551 (Permanent Resident Card or “Green Card”)
- I-571 (Refugee Travel Document)
- I-766 (Employment Authorization Card)
- Machine Readable Immigrant Visa (with Temporary I-551 language)
- Temporary I-551 stamp (on passport or I-94)
- I-94 (Arrival/Departure record)
- Unexpired foreign passport
- WT/WB Admission Stamp in unexpired foreign passport
- I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status– “student visa”)
- DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

I affirm under the penalty of perjury that the above is true and correct.

Signed this _____ day of _____, 20____.

Signature

Sworn to before me this _____ day of _____, 20____.

NOTARY PUBLIC

AFFIX SEAL HERE

My Commission Expires:_____

If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee’s False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee’s False Claims Act. Upon discovery of an applicant’s false, fictitious, or fraudulent claim of U.S. citizenship, state governmental entities and local health departments must also file a criminal complaint with the United States Attorney.