



Pain Management Clinic Notice of Appointment of Interim Medical Director

Instructions: This form should be completed by a pain management clinic to notify the Tennessee Department of Health of the appointment of an Interim Medical Director. This notification must be provided to the Tennessee Department of Health within ten (10) business days of the separation of the current Medical Director or within ten (10) business days of knowledge that the current Medical Director no longer meets the requirements of Tennessee Code Annotated §§63-1-301 et seq.

Pursuant to Tennessee Department of Health Rule 1200-34-01-.09, a pain management clinic may continue to operate for up to thirty (30) calendar days following the departure or ineligibility of the current Medical Director provided the pain management clinic notifies the Tennessee Department of Health of the appointment of an Interim Medical Director. Note: During this thirty (30) day grace period, the clinic will continue to operate under the authority of the pain clinic license of the current Medical Director.

Please Print Legibly

Name of Clinic: _____ License Number of Clinic: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Current Medical Director: _____

Tennessee License Number: _____

Name of Interim Medical Director: _____

Tennessee License Number: _____

Please select one of the following paths as the basis upon which the Interim Medical Director qualifies as a pain management specialist as defined by Tennessee Code Annotated §63-1-301(9), and attach supporting documentation regarding his or her qualifying credentials to this form.

- A subspecialty certification in pain medicine or pain management as accredited by the Accreditation Council for Graduate Medical Education (ACGME) through either the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA), or being eligible to sit for the board examination offered by ABMS or AOA;
- Diplomate Status with American Board of Pain Medicine (ABPM); OR
- Board certification by the American Board of Interventional Pain Physicians (ABIPP).

Print Name of Person Completing This Form

Date

Signature of Person Completing This Form

Position of Person Completing This Form

Signature of Interim Medical Director

Date

Please submit this Pain Management Clinic Notice of Appointment of Interim Medical Director to:

PainManagement.health@tn.gov