



DECLARATION OF ELIGIBILITY FOR EXPEDITED LICENSURE PROCESS (MILITARY MEMBER)

Tennessee Code Annotated, Section 68-1-101, requires an expedited process for members of the United States' Armed Forces who meet certain defined criteria. Please complete the form below if you are a member of the United States' Armed Forces. If you answer all four questions below in the affirmative, you are eligible to have your application processed expeditiously. Note: this form MUST accompany a completed application for licensure or reinstatement of a previously issued license.

Please Print Legibly

1. Name: Last First Middle Maiden

2. Mailing Address: City State Zip

3. Phone Number: Home () - Office () - Fax () -

I certify that I am a(n) licensed or certified in the following state(s):

Table with 4 columns: State, Lic. No., State, Lic. No. and rows for identifying healthcare profession.

I am a member of the United States armed forces. I am currently licensed/certified to practice my profession in the state(s) listed above. Within the last one hundred eighty (180) days I:

- (a) Retired from the armed forces of the United States; or
(b) Received a discharge other than a dishonorable discharge from the armed forces of the United States; or
(c) Was released from active duty into a reserve component of the armed forces of the United States.

I am not a nurse. I have attached a copy of my military identification and a copy of my retirement, discharge or release from active duty into the reserves papers. Additionally, I have contacted the state(s) in which I am currently licensed and have asked that an expedited verification of licensure be forwarded directly to the Tennessee Health Related Boards.

I am a nurse and a copy of my military identification and a copy of my retirement, discharge or release from active duty into the reserves papers will be uploaded into my online application. My license(s) can be verified through Nursys.

I affirm under the penalty of perjury that (a) through (c) above are applicable to me.

Signed this day of, 20. Signature

Sworn to before me this day of, 20.

NOTARY PUBLIC

AFFIX SEAL HERE

My Commission Expires: