STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE, 2ND FLOOR
NASHVILLE, TENNESSEE 37243
1-800-778-4123 or 615-532-3202

HEALTH RELATED BOARDS REQUEST FOR LICENSE PORTABILITY

Legal Name: _____

Name when Originally Licensed: _____

Complete Mailing Address: _____

_____

Home Phone Number: _____ Work Phone Number: _____

Email:_____

Name of the Appropriate Health Related Board: _____

Type of Professional License or Certification to be Recognized: _____

State of Original License or Certification: _____

License or Certificate Number: _____

License or Certificate Expiration Date: _____

Is this a Compact License: _____ (If the answer to this question is YES, and if the Tennessee Health Related Board is a member of the same interstate compact, then this request will be unavailable to you.)

1. I am requesting the Tennessee Division of Health Related Boards to recognize a license or certification which is a covered license for purposes of license portability.

2. I have moved to Tennessee because of a valid order for military service. (Requestor must attach a copy of the military orders requiring the relocation to Tennessee.)

3. I have actively used the license or certificate at some point during the two years immediately preceding the move to Tennessee.

4. I am in good standing with the licensing authority that issued the covered license or certificate,

5. I am in good standing with every other licensing authority that issued a license or certificate valid for a similar scope of practice and in the discipline applied for in the new jurisdiction.

6. I have read the Tennessee statutes pertaining to, and the rules promulgated by, the Health Related Board from which I am seeking recognition of my out of state license. (A copy of these statutes and rules can be found on the website for the Health Related Board from which the requestor is seeking recognition of an out of state license.)

7. I acknowledge that the scope of my practice in Tennessee is governed by the statutes and rules of Tennessee and the Health Related Board from which I am seeking recognition of my out of state license.

8. I submit to the authority of the Health Related Board, listed above, for the purposes of standards of practice, discipline, and fulfillment of any continuing education requirements.

PLEASE COMPLETE THE AFFIDAVIT AND SIGN IN THE PRESENCE OF A NOTARY.

This certifies, under penalty of perjury, that the information submitted by me in this request is true and correct to the best of my knowledge and belief. If it is determined that any information contained within this request is false, then I understand that this request may be denied or invalidated.

_____ _____

Signature Date

State of: _____ County of: _____

Sworn to and subscribed before me, this _____ day of _____, _____.

_____

Notary Public

My commission expires _____ *SEAL*