APRN APPLICATION INSTRUCTIONS

☐ <u>Before y</u>	<u>ou apply:</u>
o Ob	tain national certification and request certifying body to
ser	nd verification to Nursing.Health@tn.gov (ANCC, AANP, AACN,
NB	CRNA, PNCB, AMCB, NCC).
о Но	ld or obtain Tennessee RN license or RN multi-state license
fro	m another compact state.
□ Request	official electronic transcript indicating conferred advanced
nursing (degree to Nursing.Health@tn.gov
\square Apply at	: https://lars.tn.gov/datamart/mainMenu.do
<u>UPLOAD</u>	DOCUMENTS under 'File Attachments' in PDF format:
□ Cu	rrent RN License
□ De	claration of Citizenship complete and have notarized
<u>htt</u> r	os://www.tn.gov/content/dam/tn/health/healthprofboards/PH-41833.pdf
□ Pro	of of citizenship (e.g. current unexpired driver's license)
•	riminal history, upload under 'Attachments:'
	r of explanation
	fied copies of arresting document (warrant), judgment (disposition),
probat	etion of judgment (receipt of payment of fines, letter of completion of ion)
☐ Complet	e the Mandatory Practitioner Profile Questionnaire.
o Fill i	n as applicable. Remember login information to access site to
updat	e "APRN Supervisory Request" and "Update Mandatory
Practi	tioner Profile Questionnaire" as needed.

Allow 6 weeks for review. Notification of deficiencies will be emailed; this may result in delayed processing as all requirements must be met prior to licensure.