

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	Maide	en	
2.	Mailing Addres	s:						
-	_							
		City			State	Zip		
3.	Phone Number	: Home ()	Office (Fax (
I certify	– / that I am a(n)		althcare Profession	licer	nsed or certified	in the following	state(s):	
		Identify He						
	State		Lic. No.		State		Lic. I	No.
-								
			-					
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:								
			United States; or					
			shonorable discha reserve compone				tes; or	
dis sta	charge or releate(s) in which	ease from activ	ned a copy of me duty into the licensed and hassee Health Rela	reserves ve asked t	papers. Addit hat an expedit	tionally, I have	contacted	the
■ 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 t	his da	y of		20				



	Signature
Sworn to before me this day of	, 20
NOTARY PUBLIC	AFFIX SEAL HERE
My Commission Expires:	