Instructions for Licensure by Endorsement – RN and LPN

The statutes governing registered nurses are in TCA, Section δ 63-7-103 and δ 63-7-104 and practical nurses are in TCA, Section δ 63-7-108 and δ 63-7-109, http://www.lexisnexis.com/hottopics/tncode/

Read all instructions and determine your Primary State of Residence before completing any applications. Allow six weeks for processing. It is not necessary to call the board to check on the status of your application go to: https://apps.health.tn.gov/Licensure/default.aspx.

Primary State of Residence

If your primary state of residence* is Tennessee or a non-compact state you may apply in Tennessee for licensure by endorsement; however, if your primary state of residence* is a compact state other than Tennessee you may apply for licensure in Tennessee and work on the compact license up to 90 days. If you provide a home address from a compact state or declare your legal residence as another compact state you are ineligible for a Tennessee license and your application will be placed on hold for up to one year until you declare Tennessee as your primary state of residence.

**Primary state of residence means the state of a person's declared fixed permanent and principle home for legal purposes; domicile. The following items may be requested as proof of primary state of residence: driver's license, voter registration card, federal income tax return. For a current map of states in the compact, check the following web site: https://www.ncsbn.org/nurse-licensure-compact.htm.*

Request verification of licensure from the state where you were originally licensed. The Nursys website (http://www.nursys.com) should be used for most states. However, if original licensure was in the following states, Alabama, California, Hawaii, Kansas, Louisiana-PN, Oklahoma, Pennsylvania, West Virginia-RN, contact that board for verification instructions.

The Tennessee Board of Nursing accepts the State Board Test Pool Examination (SBTPE) or the National Council Licensure Examination (NCLEX) provided scores are equal to or higher than the lowest passing scores required by this board.

Complete Application

a. Attach one (1) passport photograph signed and dated on the front by the applicant. The date must be no more than 6 months prior to date of application. Sign legal name legibly. Do not conceal the face. Note: Snapshots are not acceptable.

b. Attach copy of nursing diploma or transcript from initial nursing education (copies of internet transcripts are not accepted). Request an official transcript be mailed directly from the educational institution of the nursing program. An applicant must be a graduate of an approved school of practical nursing and licensed by written examination in order to be licensed as a practical nurse in Tennessee. An applicant must be graduate of an approved school of registered nursing and licensed by written examination in order to be licensed as a registered nurse in Tennessee.

c. A criminal background check is required. For instructions to obtain a criminal background check, go to http://tn.gov/health/article/CBC-instructions
   - obtain documents relative to conviction if applicable; submit with application

d. Declaration of Citizenship form: complete, sign, have notarized and submit with required documentation. The form is online at: http://tn.gov/assets/entities/health/attachments/PH-4183.pdf.

Additional information, if applicable:

International Graduates:

- Request the Commission on Graduates of Foreign Nursing School (CGFNS) directly send a copy of the certificate
- Attach a copy of your Commission on Graduates of Foreign Nursing School (CGFNS) certificate
- If you change your mailing or practice address, you must notify the Board's Administrative Office within thirty (30) days. Failure to abide by this law could affect your license, since failure to receive the renewal application does not relieve you of the responsibility for timely renewal.

If the application is not complete upon receipt by the Board, you will be notified of the deficiency.

Professional Passport Photograph
Not to exceed
2" x 2"

Attach photograph here
signed and dated by Applicant on the front using legal signature

Date taken must be no more than six months prior to application

FEES ARE NON REFUNDABLE

1703 001 - $105.00
006 - $10.00
$115.00

Department of Health
Division of Health Licensure and Regulation
Tennessee Board of Nursing
665 Mainstream Drive, Second Floor
Nashville, Tennessee 37243

Application for Licensure as Registered Professional Nurse by Endorsement

If you have ever been licensed as a Registered Nurse in Tennessee, you need to complete an application for Reinstatement.

Print Legal Name (*use ink*): _____
LAST FIRST MIDDLE MAIDEN

List any other names by which you have been known: _____

Social Security Number: _____ Telephone Number: (_____) _____
Your social security number may be used to verify your identity and for any other purpose allowed by state or federal law.

U.S. Citizen ❒ Yes ❒ No Entitled to Live and Work in the U.S. ❒ Yes ❒ No

Date of Birth: _____ Gender: ❒ Female ❒ Male

Ethnic Group: ❒ White ❒ Black ❒ Native American Indian ❒ Asian ❒ Hispanic ❒ Other, Specify _____

Do you wish to receive notifications, including renewal notification, from Department of Health via email? Please note, by opting in, all correspondence from the Department of Health will be delivered to the email address on file. You will no longer receive physical mail from our office. ❒ Yes ❒ No Email address: _____
(Print legibly)

Mailing Address: _____
(Street/PO Box/Route) (City/State/Zip)

Street Address: _____
(Required if Mailing Address is a PO Box) (Street) (City/State/Zip)

PRIMARY STATE OF RESIDENCE

I declare that my primary state of residence is _____. This state is referred to as my home state under the Nurse Licensure Compact and means that it is my declared fixed permanent and principle home for legal purposes and is my domicile.

The following items may be requested as proof of primary state of residence: driver's license, voter registration card, federal income tax return, military form DD2058, state of legal residence certificate or military form DFAS702, leave and earning statement (LES).

Are you a member of the U.S. armed forces who has, within the preceding 180 days, retired from the armed forces, received any discharge other than a dishonorable discharge from the armed forces, or been released from active duty to a reserve component of the armed forces? *(If yes, provide proof of status)* ❒ Yes ❒ No

Are you the spouse of a member of the armed forces who has been transferred by the military to Tennessee or who has, within the preceding 180 days, retired from the armed forces, received a discharge other than a dishonorable discharge from the armed forces or been released from active duty to a reserve component? *(If yes, provide proof of status)* ❒Yes ❒ No

Did you graduate from high school or do you have a G.E.D. equivalency certificate? ❒ Yes ❒ No

Nursing Education (initial licensure only):
Degree ❒ Associate ❒ Diploma ❒ Baccalaureate ❒ Master

College/University/School of Nursing_____

Location: _____
City State

Enrollment Date:_____ Completion Date: _____Graduation or Anticipated Graduation Date: _____
mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy

Have you ever taken the National Council Licensure Examination (NCLEX-RN)? ❒ Yes ❒ No
If yes, please identify states:_____

Have you ever taken the State Board Test Pool Examination (S.B.T.P.E.)? ❒ Yes ❒ No
If yes, please identify states:_____

In which state were you originally licensed as a Registered Nurse?_____
How were you licensed in the original state of licensure? ❒ Examination ❒ Endorsement ❒ Waiver

Have you previously applied for a registered nurse license in Tennessee? ❒ Yes ❒ No
Are you or have you ever been licensed as a registered nurse in another state? ❒ Yes ❒ No
If yes, identify name as licensed, state and license number: _____

Are you or have you ever been licensed in any other profession in Tennessee or another state? ❒ Yes ❒ No
If yes, identify profession, name as licensed, state, license number and status:_____

_____

List employment as a RN and/or APRN during the last five years:

Company/Employer	City & State of practice	Position	Duties	From Date mm/dd/yyyy	To Date mm/dd/yyyy

Definitions for Fitness and Competency Questions

1. "Ability to practice your profession" is to be construed to include all of the following:

a. The cognitive capacity to make appropriate clinical diagnoses, exercise reasoned medical judgments, to learn, and keep abreast of medical developments;

b. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and

c. The physical capability to perform professional tasks and procedures required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.

2. "Medical Condition" includes physiological, mental or psychological conditions including, but not limited to: orthopedic, visual, speech and/or hearing impairments, emotional or mental illness, specific learning disabilities, drug addiction, and alcoholism.

3."Minor Traffic Offense" generally means moving and non-moving violations punishable by fines only and does not include offenses such as driving under the influence or while intoxicated or reckless driving.

4. "Chemical substances" is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

5. "Currently" does not mean on the day of or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee or within the past two (2) years.

6. "Illegal use of illicit or controlled substances" means the use of substances obtained illegally (e.g., heroin or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

Fitness and Competency Questions

1. Do you currently have any physical or psychological limitations or impairments caused by an existing medical condition which are reduced or ameliorated by ongoing treatment or monitoring, or the field of practice, the setting or the manner in which you have chosen to practice? ❒ Yes ❒ No

If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity, and the duration of the risks associated with an ongoing medical condition to determine whether an unrestricted license should be issued, conditions should be imposed, or you are not eligible for licensure.

2.Do you currently use any chemical substances which in any way impair or limit your ability to practice your profession with reasonable skill and safety? ❒ Yes ❒ No If yes, please list: _____

3. At any time within the past two years, have you engaged in the illegal use of illicit or controlled substances?
❒ Yes ❒ No

4. Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of illicit or controlled substances? ❒ Yes ❒ No

5. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or other diagnosis of a predatory nature? ❒ Yes ❒ No

6. Have you ever held or applied for a license, privilege, registration or certificate to practice as a registered nurse in any state, country, or province, that has been or was ever denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? ❒ Yes ❒ No

7. Have you ever had staff privileges at any hospital or health care facility that were ever revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action?
❒ Yes ❒ No

8. Have you ever applied for or held a state or federal controlled substance certificate that was ever denied, revoked, suspended, restricted, voluntarily surrendered or otherwise disciplined or surrendered under threat of restriction or disciplinary action? ❒ Yes ❒ No

9. Have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than a minor traffic offense) whether or not sentence was imposed or suspended? ❒ Yes ❒ No

10. Have you ever been rejected or censured by a professional association or society? ❒ Yes ❒ No

11. In relation to the performance of your professional services in any profession:
   a. Have you ever had a final judgment rendered against you;
   b. Have you ever entered into any settlement of any legal action; or
   c. Are there any legal actions pending against you or to which you are a party? ❒ Yes ❒ No

12. Have you ever held a license, registration, privilege or certificate in any profession that has ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action in any jurisdiction? ❒ Yes ❒ No

13. My name has been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry or an abuse registry in another state). ❒ Yes ❒ No

If you answered "yes" to any of the questions in this part, you must supplement your affirmative response with a thorough explanation on a separate page. In support of your explanation, the board orders from the issuing states, the certified arresting document (warrant), judgment (disposition), and release from judgment (receipt of payment of fines, letter of release from probation, etc.) from the court (clerk's office), and/or agencies must be submitted along with this application. Additional information may be requested and/or required before a licensure decision may be made.

I, being duly sworn and identified as the person referred to in this application, attest to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations regarding the practice of my profession, which are posted on the Board's Internet site and/or were provided to me by the Board office, and agree to abide by them in the practice as a Registered Nurse in the State of Tennessee.

I HEREBY:
SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.
RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice as a Registered Nurse.
AUTHORIZE the Board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.
RELEASE from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and/or other qualifications, for certification.
ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications, and for resolving any doubts about such qualifications.
AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

This certifies that the information submitted by me in this application is true and complete to the best of my knowledge and belief.

_____ Signature

_____ Date

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243

DECLARATION OF CITIZENSHIP
MUST ACCOMPANY ALL APPLICATIONS FOR INITIAL LICENSURE OR REINSTATEMENT OF LICENSURE

The "SAVE Act" requires Tennessee Department of Health (including all Boards, Commissions, and contractors), along with every local health department in the State, to verify that *every adult* applicant for a professional license is either a U.S. citizen, a "qualified alien," or a nonimmigrant who meets the requirements set out at 8 U.S.C. 1621.

I am a (n) _____ _____.
Healthcare Profession (Please Print) **License number if applicable**

Declaration of Citizenship must be completed, page 2 notarized by a notary, and the required documentation attached.

Please Print Legibly

1. Name: _____
   Last First Middle Maiden_
2. Mailing Address: _____
   _
3. Phone Number: Home: (____) _____-_____ Office: (____) _____-_____ Fax: (____) ___-_____
4. I am a United States Citizen: ____Yes ____No
5. I am a foreign national not physically present in the United States _____Yes _____No. If you answered yes, to this question please sign this form in the presence of a notary and return it with your application. No further documentation is required.
6. Applicants Claiming United States Citizenship **MUST** submit **one** of the following **to the Board**:
   a) A valid Tennessee Driver's License, or photo ID issued by Department of Safety. **(Front Only)**
   b) A valid driver license or ID issued by another state provided its issuance requirements meet Department of Safety criteria.
   c) An official birth certificate issued by a U.S. state, territory, or other jurisdiction. Puerto Rican birth certificates issued before July 1, 2010 do not count.
   d) A federally issued birth certificate.
   e) A valid, unexpired U.S. passport.
   f) A report of birth abroad of a U.S. citizen.
   g) A certificate of citizenship.
   h) A certificate of naturalization.
   i) A U.S. citizen ID card.
   j) Any successor document to #'s a-i above.
   k) SSN that the entity or local health department may verify with the Social Security Administration in accordance with federal law.

Please submit a **copy** of one of the above not the original document.

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7. If you checked "**No**" in question 4 please indicate from the list below which category applies to you: **(You must circle one)**

a) Permanent Residents
b) A nonimmigrant applicant for a professional or commercial license whose visa for entry into the United States is related to such employment, or a nonimmigrant under the Immigration and Nationality Act (8 U.S.C. 1101 *et seq.*).
c) Asylees who meet the qualifications set out in 8 U.S.C. 1158
d) Refugees who meet the qualifications set out in 8 U.S.C. 1157
e) Persons who have been "paroled into the United States," under 8 U.S.C. 1182(d) (5) or whose deportation has been withheld under 8 U.S.C. 1253.
f) Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980
g) Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a) (7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
h) An alien who has been "battered" or subjected to "extreme cruelty" by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c) (2) and (3), victims' children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming **qualified alien status** (question 7 above), please submit two of the following forms of "documentation of identity and immigration status" as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status are listed below. (Note: If you can provide only one document, your status will be verified through the U.S. Department of Homeland Security's SAVE program):

The Tennessee Board of Nursing does not have a contract with the SAVE Program therefore you must submit two of the following forms of "documentation of identity and immigration status."

I-327 (Reentry Permit)

I-551 (Permanent Resident Card or "Green Card")

I-571 (Refugee Travel Document)

I-766 (Employment Authorization Card)

Machine Readable Immigrant Visa (with Temporary I-551 language)

Temporary I-551 stamp (on passport or I-94)

I-94 (Arrival/Departure record)

Unexpired foreign passport

WT/WB Admission Stamp in unexpired foreign passport

I-20 (Certificate of Eligibility for Nonimmigrant F (1) student status– "student visa")

DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

AFFIDAVIT

I affirm under the penalty of perjury that the above is true and correct.

_____
Applicant Signature

Sworn to before me this _____day of _____, 20_____.

_____ AFFIX SEAL HERE
NOTARY PUBLIC SIGNATURE
My Commission Expires: _____

If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee's False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee's False Claims Act. Upon discovery of an applicant's false, fictitious, or fraudulent claim of U.S. citizenship, state governmental entities and local health departments must also file a criminal complaint with the United States Attorney.

PH-4183 DA 10137

Tennessee Department of Health
Health Related Boards
Tennessee Board of Nursing
665 Mainstream Drive
Nashville, TN 37243

REQUEST FOR VERIFICATION OF LICENSE

APPLICANT: Complete the top part of this page and forward it to the state in which you were ORIGINALLY licensed.

NAME: _____
(last) (first) (middle) (maiden)

NAME WHEN ORIGINALLY LICENSED: _____
(last) (first) (middle) (maiden)

ADDRESS: _____
(street) (city) (state) (zip)

NURSING EDUCATION PROGRAM COMPLETED: _____

ORIGINAL LICENSE NUMBER: _____ ❑ R.N. ❑ L.P.N. DATE ISSUED: _____

SOCIAL SECURITY NO.: _____

I hereby authorize the _____ Board of Nursing to furnish to the Tennessee Board of
(state to which sending form)
Nursing the information requested below.

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE-FOR LICENSING AGENCY ONLY

This is to certify that the above named was issued license number _____ to practice as a:

❑ Registered Nurse ❑ Licensed Practical Nurse on _____

Licensed by: ❑ Examination ❑ Endorsement ❑ Waiver ❑ Expiration date: _____

Current licensure status: Active Inactive Not Current

Has this license ever been encumbered in any way (revoked, suspended, surrendered, restricted, limited, placed on probation)?

Yes ❑ No ❑ If yes, please explain on reverse side.

STATE BOARD TEST POOL EXAMINATION	Medical Nursing	Psychiatric Nursing	Obstetric Nursing	Surgical Nursing	Nursing of Children	NCLEX RN	NCLEX LPN
Standard Scores	_____	_____	_____	_____	_____	_____	_____
Series/ Form	_____	_____	_____	_____	_____	_____	_____

Nursing education program completed: _____
(name)

Location: _____ Year of graduation _____
(city) (state)

Was nursing education program approved by Board of Nursing at time of graduation? ❑ Yes ❑ No

SIGNED _____ STATE _____

SEAL

TITLE _____ DATE _____

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Rev. (05/08)

RDA 10137

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
665 Mainstream Drive
Nashville, TN 37243
tn.gov/health

NURSYS VERIFICATION INSTRUCTIONS

1. Only boards of nursing within the United States have access to Nursys®. If you need verification of a license for a foreign country, please contact the TN Board of Nursing 615-532-5166.
   If you do not need verification of a license from one of the states listed below use the form provided with the endorsement or on line packet.
2. If your original state of licensure was from one of the states listed below, go to **https:\\www.nursys.com** and follow the instructions there.

Alaska (AK)	Indiana (IN)	Nevada (NV)	Tennessee (TN)
American Samoa (AS)	Iowa (IA)	New Hampshire (NH)	Texas (TX)
Arizona (AZ)	Kentucky (KY)	New Jersey (NJ)	Utah (UT)
Arkansas (AR)	Louisiana (LA)-RN	New Mexico (NM)	Vermont (VT)
Colorado (CO)	Maine (ME)	New York (NY)	Virginia (VA)
Connecticut (CT)	Maryland (MD)	North Carolina (NC)	Virgin Islands (VI)
Delaware (DE)	Massachusetts (MA)	North Dakota (ND)	Washington (WA)
District of Columbia (DC)	Michigan (MI)	N. Mariana Islands(MP)	West Virginia(WV)PN
Florida (FL)	Minnesota (MN)	Ohio (OH)	Wisconsin (WI)
Georgia (GA)	Mississippi (MS)	Oregon (OR)	Wyoming (WY)
Guam (GU)	Missouri (MO)	Rhode Island (RI)	
Idaho (ID)	Montana (MT)	South Carolina (SC)	
Illinois (IL)	Nebraska (NE)	South Dakota (SD)	

3. The fee for on-line verification through Nursys is $30. It is processed on-line through Nursys.
4. When the Tennessee Board of Nursing receives your Endorsement Application, the board will access Nursys to verify your original licensure in one of the states listed in number 2 above.
5. Nursys information is updated from the files of participating states. A nurse who recently received a license may have to wait until the next update before the information is available in Nursys.
6. If you have questions regarding the Nursys verification process, please contact the Nursys License Verification Department at (312) 525-3780 or toll free (866) 819-1700.
7. **ONLY** if your initial licensure was in a state **not listed in number 2 above**, use the form and verification instructions included with the on-line or paper endorsement packet. This form is sent to the **state of initial licensure**. Contact the initial state of licensure for information of their fees for verification. Fees need to be sent with the verification form.

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
665 Mainstream Drive
Nashville, TN 37243
tn.gov/health

INSTRUCTIONS FOR APPLICANTS FINGERPRINTING IN TENNESSEE

Applicants who do not live in Tennessee and not visiting Tennessee prior to licensure may call the Board at 615-532-5166 and request a fingerprint card and the instructions for processing.

1. Effective June 1, 2006 applicants for initial licensure in Tennessee (not renewal or reinstatement) must obtain a criminal background check. Electronic fingerprinting must be done through the State of Tennessee selected vendor, IdentoGO by MorphoTrust U.S.A. at an approved site in Tennessee.

2. There are **(2)** ways that applicants may register for the fingerprinting process:

   a) Call toll-free at **(855) 226-2937;**

   b) Register online at **www.identogo.com** and click on the map of Tennessee. To begin registration, click Online Scheduling. Applicant may register, schedule, and make payment at this web site.

   Regardless of how an applicant registers, the following information must be provided and/or verified:

Agency Name	**Department of Health Licensure and Regulation**
Applicant Type	**Bureau of Health Licensure**
OCA#	**RN enter (1703) LPN enter (1704)**
Payment Type	**Applicant Credit Card/Applicant Money Order/or Cashier's Check**
ORI#	**TN 920390Z**

Online registration is preferred for ALL applicants to insure the quality of the data collected. Online registration is faster and may be completed 24 hours a day, 7 days a week.

Payment for electronic fingerprinting is **$32.65**

A money order or cashier's check made out to IdentoGO is accepted at the fingerprinting sites. **CASH and PERSONAL CHECKS** are **NOT** accepted.

3. Applicants must schedule an appointment to be fingerprinted at an IdentoGO site in Tennessee at the time of registration. Before registration is complete, applicants will be asked to check and confirm if information is correct and will need to print a copy of the registration completion page to take to the fingerprinting site.

4. The enrollment officer at the site will check your valid state or federal government issued photo identification, verify your information, verify or collect payment, capture your fingerprints, and submit your data to the Tennessee Bureau of Investigation (TBI).

* If you are unable to keep your appointment or miss your appointment, you MUST contact IdentoGO; you may have to reregister and repay.

Electronic Fingerprints are normally received by the Tennessee Health Related Boards within 8-10 business days.

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
665 Mainstream Drive
Nashville, TN 37243
tn.gov/health

FINGERPRINT CARD INSTRUCTIONS

Applicants who do not live in Tennessee and are not visiting Tennessee prior to licensure may call the Board at (615) 532-5166 and request a fingerprint card or contact your local Sheriff's Office or Police Department for a fingerprint card.

1. Fill out the fingerprint card in its entirety, boxes concerning **date of birth, place of birth, sex, race, height, weight, eyes and hair** must be filled in.

2. Take the finger print card to your local Sheriff or Police department to have fingerprinting done.

3. Register on-line, www.identogo.com or call toll free 855-226-2937. If registering on-line, during the registration process applicants should select **"Pay for Ink Card Submission,"** on the Appointment Details page and follow the instructions. This will identify to L-1 that a hard card will be mailed to them for conversion to an electronic fingerprint record which will then be submitted to the Tennessee Bureau of Investigation.

4. Applicants must complete the entire registration process; a confirmation number will be supplied at the end of the registration process. This number must be retained by the applicant for tracking purposes. **This confirmation number must be recorded on a separate piece of paper, along with two contact phone numbers and submitted with the fingerprint card when it is submitted to IdentoGO for processing.**

Once you have had your fingerprints completed and are registered, send the card with the above information to the address given below. **If you have not paid by credit card during the registration process**, please send the card with a **money order** payment of **$32.65** with the above information to the address given below. Money order should be made out to IdentoGO and must include the applicant's full name. **Personal checks are not accepted**:

IdentoGO by Morpho Trust
Tennessee Card Scan Processing
3051 Hollis Drive, Suite 310
Springfield, IL 62704

5. Your fingerprint card will be processed and sent to the TBI and FBI for reading and reporting. This process will take approximately 7-10 days once IdentoGO has received the card. If your fingerprints are rejected the first time, you will be notified and given specific instructions on how to complete this process for a second time. You will not be charged for a second fingerprint card process.

6. Your background check report will be forwarded to the Tennessee Board of Nursing.

***IMPORTANT* ADDITIONAL INFORMATION TO BE ENTERED ON FINGERPRINT CARD:**

Employer Address:	**TN Health Related Boards** **665 Mainstream Drive** **Nashville, TN 37243**	**REASON:**	**BH-Dept. of Health** **T.C.A. 63-1-116**
ORI#	**TN920390Z**	**OCA#:**	**RN 1703 LPN 1704**

FAILURE TO COMPLETE THE PROCESS AS STATED ON THESE INSTRUCTIONS WILL RESULT IN THE CARD BEING RETURNED TO THE APPLICANT, WHICH WILL DELAY THE PROCESS
10/18/2016