



STATE OF TENNESSEE
 DEPARTMENT OF HEALTH
 BUREAU OF HEALTH LICENSURE AND REGULATION
 OFFICE OF HEALTH RELATED BOARDS
 665 MAINSTREAM DRIVE
 NASHVILLE, TN 37243
tn.gov/health
 615-532-5166 or 800-778-4123
 Fax 615 741-7899

DECLARATION OF PRIMARY STATE OF RESIDENCE

NAME: _____ SS#: _____

ADDRESS: _____

City	State	Zip Code	Home/Cell Telephone Number
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RN/LPN TN license # _____ DATE OF BIRTH: _____

YES NO Are you currently active duty military?
 If YES, provide Leave and Earning Statement (LES)

YES NO Are you currently a federal government employee?

In accordance with: the Nurse Practice Act, Tennessee Code, Chapter 63-7 part 301-304 (Nurse Licensure Compact), I declare the State of _____ as my primary state of residence and that such constitutes my permanent and principal home for legal purposes. **Please include one of the forms below to show evidence of primary state of residence:**

- a. A driver's license with a home address
- b. Voter registration card displaying a home address
- c. Federal income tax return declaring the primary state of residence:
- d. Military Form DD2058, State of Legal Residence Certificate, or Military form DFAS 702 Defense Finance and Accounting Service Military Leave and Earning Statement.

I intend to practice in the state(s) of: _____

I affirm that this completed form and any submitted materials contain no willful misrepresentation and that the information is true and complete to the best of my knowledge.

Sign here to affirm: _____ Date: _____