



State of Tennessee
 Tennessee Department of Health
 Division of Health Licensure and Regulation
 Office of Health Related Boards
 Board of Medical Examiners
 665 Mainstream Drive, 2nd Floor
 Nashville, TN 37243-1010
 Tel. 615-532-4384 Fax 615-253-4484
 tn.gov/health

**PAIN MANAGEMENT CLINIC CERTIFICATION
 AFFIDAVIT OF VOLUNTARY INACTIVATION**

Please type or print all information in black or blue ink and return to address listed above.

I, _____
 (Last Name) (First Name) (Middle Name)

Owner and certificate holder of _____
 (Clinic Name)

with pain management clinic certificate # _____, located at

 (Street Address) (City) (State) (Zip)

which was issued on _____,
 (Month) (Day) (Year)

Do solemnly swear that I am retiring this pain management clinic certificate due to (initial one):

My clinic has ceased operating and is closed. (Initials) _____

OR

My clinic no longer meets the definition of and requirements of a pain management clinic. (Initials) _____

I, therefore, hereby relinquish the certification for the pain management clinic listed above on:

 (Month) / (Day) / (Year)

If my clinic continues to operate after I have inactivated this pain management clinic certification, I understand that my clinic shall not be permitted to advertise in any medium for pain management services of any type, and I certify that my clinic's continued operations shall not rise to the definition of a pain management clinic found in T.C.A. § 63-1-301(8)(A).

If I am inactivating this pain management clinic certification because I am moving my pain management clinic to a new location, I understand that I am required to apply for a new pain management clinic certificate for the new location.

 Signature of Licensee

 Date

Sworn to and subscribed before me, _____, a notary public in and for said county and state on this the _____ day of _____, 20____.

 Notary Public

My Commission Expires: _____

Affix Notary Seal