

Applicant Name: \_\_\_\_\_

9903/001	Application	\$ 30
9903/006	Regulatory fee	\$ 10



STATE OF TENNESSEE  
 DEPARTMENT OF HEALTH  
 DIVISION OF HEALTH LICENSURE AND REGULATION  
 OFFICE OF HEALTH RELATED BOARDS  
 665 MAINSTREAM DRIVE  
 NASHVILLE, TENNESSEE 37243  
 PHONE: (615) 741-2718 FAX: (615) 741-2722  
<http://health.state.tn.us/boards/pharmacy/>

## APPLICATION FOR MEDICAL SERVICE REPRESENTATIVE

APPLICANT MUST SUBMIT THE FOLLOWING INFORMATION:

New License

**Name of Applicant:**

\_\_\_\_\_  
*Name*

Home Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
*Street*

Work Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
*City*                      *State*                      *Zip*

\_\_\_\_\_  
*Social Security Number*

Your employer MUST be licensed as a Manufacturer/Wholesale/Distributor (M/W/D) in Tennessee

**COMPANY EMPLOYED BY:**

\_\_\_\_\_  
*Company Name*

Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
*Street*

M/W/D License Number \_\_\_\_\_

\_\_\_\_\_  
*City*                      *State*                      *Zip*

*Please include the \$40.00 Registration fee.  
 Tennessee will accept personal checks made payable to the Tennessee Board of Pharmacy.*

**\*Note: License will be mailed to the company address**



**STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
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) _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span><b>Healthcare Profession (Please Print)</b></span> <span><b>License number if applicable</b></span> </div>
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**Please Print Legibly**

Name:

\_\_\_\_\_

Last	First	Middle	Maiden
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Mailing Address:

\_\_\_\_\_

Phone Number: Home: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Office: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_

I am a United States Citizen:    \_\_\_Yes        \_\_\_No

Applicants Claiming United States Citizenship **MUST** provide one of the following:

1. Tennessee Driver's License, or photo ID issued by Department of Homeland Security.
2. A valid driver license or ID issued by another state, provided its issuance requirements meet Department of Homeland Security criteria.
3. 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.
4. A federally issued birth certificate.
5. A valid, unexpired U.S. passport.
6. A report of birth abroad of a U.S. citizen.
7. A certificate of citizenship.
8. A certificate of naturalization.
9. A U.S. citizen ID card.
10. Any successor document to #'s 4-9 above.
11. SSN that the entity or local health department may verify with the Social Security Administration in accordance with federal law.

**If you checked "No" please indicate from the list below which category applies to you:**

- \_\_\_\_\_ Permanent Residents
- \_\_\_\_\_ 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.*).

- \_\_\_\_\_ Foreign nationals not present in the United States seeking the issuance or renewal of a professional license.
- \_\_\_\_\_ Asylees who meet the qualifications set out in 8 U.S.C. 1158
- \_\_\_\_\_ Refugees who meet the qualifications set out in 8 U.S.C. 1157
- \_\_\_\_\_ 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.
- \_\_\_\_\_ Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980
- \_\_\_\_\_ 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.
- \_\_\_\_\_ 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**, please submit one or more 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:

- 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)

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

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

AFFIX SEAL HERE

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.**