



State of Tennessee

Department of Health

Tennessee Board of Social Worker Licensure

**665 Mainstream Drive
Nashville, TN 37243**

1-800-778-4123

(615) 471-5735

www.health.state.tn.us

Applications and Procedures for

LICENSED MASTER SOCIAL WORKER

Below is an explanation of the items requested to be submitted in the checklist. When reviewing the checklist, refer to this section if you need clarification.

1. It is the applicant's responsibility to review the current Rules and Laws for Social Work. To determine if you meet the qualifications for licensure. You may obtain a copy by going to www.health.state.tn.us.
2. Fill out the application completely making sure that you indicate the correct level of licensure. The application must be signed. Incomplete forms will be returned thus delaying the application process.
3. FEES. Check or money order is to be made payable to the Board for Social Work in the amount indicated according to the method under which you are applying. The fee amount being collected with the application includes the state regulatory fee of ten dollars (\$10).
4. PHOTOGRAPH. Submit a recent passport size photograph taken (within the last twelve (12) months) preceding the date the application is submitted to the Board office.
5. DECLARATION OF CITIZENSHIP. All applicants must complete the attached Declaration of Citizenship form.
6. TRANSCRIPT. Must be sent to the board directly from the institution, Please instruct the institution to indicate any name change since completion of the course work.
7. VERIFICATION OF LICENSURE. Must be sent from each state licensing board which indicates the applicant holds a certificate or license and whether it is in good standing presently or was at the time it became inactive.
8. VERIFICATION OF EXAM. Exam results must be sent from the testing agency (ASWB) to the administration office indicating level of exam.
9. Criminal background check (for instructions [click here](#)).
NOTE: applicants applying for licensure by exam must have successfully taken and passed the ASWB exam before applying for the criminal background check.
10. Send you application, fees and supporting materials to:

Board of Social Worker Licensure
665 Mainstream Drive
Nashville, TN 37243

GENERAL INFORMATION

Individuals who do not qualify for the licensure at this time are encouraged to complete deficient requirements if you intend to practice as a social worker in Tennessee.

It is the applicant's responsibility to keep the board notified whenever a change of name or mailing address occurs. Such notification must be in writing and you must reference your profession and the board in your correspondence. Supporting documentation and written request for a name change must state the reason for the change, i.e., marriage, divorce, etc .

Every effort is made to keep you informed, in writing, of the status of your application and to process your application in a timely, efficient manner. Inquiries regarding the status of a file will be responded to in writing. **Please refrain from calling the board office to check on the status of your application. It generally takes 4-6 weeks to process an application.**

APPLICATION PROCESS
FOR LICENSED MASTER SOCIAL WORKER

SECTION I

LICENSED MASTER SOCIAL WORKER BY EXAM:

CHECK LIST FOR LICENSED MASTER SOCIAL WORK

You Send	You request others to send
<p>_____ Completed and signed application</p> <p>_____ Fees of \$ 160.00 (\$75.00 application fee plus \$ 75.00 license fee plus \$ 10.00 State regulatory fee) payable to the Board of Social Worker Licensure</p> <p>_____ Passport-style photograph</p> <p>_____ Declaration of Citizenship form</p> <p>_____ Completed Mandatory Practitioner Profile Questionnaire http://health.state.tn.us/Downloads/PH-3585.pdf (mail with the application)</p>	<p>_____ Official transcripts (page 13)</p> <p>_____ Verification of licensure, if licensed in other jurisdiction regardless of the status of the license (i.e., inactive) (page 11)</p> <p>_____ Criminal Background Check For instructions go to: http://health.tn.gov/CBC (once you have successfully passed the ASWB exam you must apply for the criminal background check).</p>

Note: It is the LMSW responsibility to verify that the supervisors are in compliant with Rule 1365-1-.08(3)(b)(6-9) prior to beginning their supervision experience.

WHEN DEEMED ELIGIBLE, LICENSE WILL BE MAILED WITHIN TWO (2) WEEKS FOLLOWING THE NEXT SCHEDULED BOARD MEETING.

SECTION II

LICENSED MASTER SOCIAL WORKER BY RECIPROCITY:

CHECK LIST FOR LICENSED MASTER SOCIAL WORK

You Send	You request others to send
_____ Completed and signed application	_____ Official transcripts (page 13)
_____ Fees of \$ 160.00 (\$75.00 application fee plus \$ 75.00 license fee plus \$ 10.00 State regulatory fee) payable to the Board of Social Worker Licensure	_____ Verification of licensure, if licensed in other jurisdiction regardless of the status of the license (i.e., inactive) (page 11)
_____ Passport-style photograph	_____ Verification of applicant taking and passing the ASWB examination (page 12)
_____ Declaration of Citizenship form	_____ Criminal Background Check For instructions go to: http://health.tn.gov/CBC
_____ A copy of the original State's law and rules, if available	
_____ Photo copy of the original license from the original state of licensure with applicants current license number, if available	
_____ Photo copy of the applicants current renewal certificate with the license number and expiration date	
_____ Completed Mandatory Practitioner Profile Questionnaire http://health.state.tn.us/Downloads/PH-3585.pdf (mail with the application)	

WHEN DEEMED ELIGIBLE, LICENSE WILL BE MAILED WITHIN TWO (2) WEEKS FOLLOWING THE NEXT SCHEDULED BOARD MEETING.

APPLICATION FOR TEMPORARY LICENSED MASTERS SOCIAL WORKER

SECTION III

Temporary license can be issued for licensed Master’s Social Worker who graduated from a university, college, or school of social work that at the time of the applicant’s graduation has applied for, but has not yet received, accreditation by the Council on Social Work Education.

CHECK LIST FOR TEMPORARY LICENSE

You Send	You request others to send
<p>_____ Completed and signed application</p> <p>_____ Fees of \$ 60.00 (\$50.00 temporary fee plus \$ 10.00 State regulatory fee) payable to the Board of Social Worker Licensure</p> <p>_____ Passport-style photograph</p> <p>_____ Declaration of Citizenship form</p> <p>_____ Completed Mandatory Practitioner Profile Questionnaire http://health.state.tn.us/Downloads/PH-3585.pdf (mail with the application)</p>	<p>_____ Official transcripts (page 13)</p> <p>_____ Verification of degree and accreditation status (page 10)</p> <p>_____ Criminal Background Check For instructions go to: http://health.tn.gov/CBC</p>

PLEASE NOTE A TEMPORARY LICENSED MASTER SOCIAL WORKER MUST SUBMIT AN APPLICATION FOR LICENSE MASTER SOCIAL WORKER SIXTY (60) DAYS AFTER HIS/HER EDUCATION INSTITUTION RECEIVES ACCREDITATION FROM THE COUNCIL ON SOCIAL WORK EDUCATION, OR THE TEMPORARY LICENSE SHALL NO LONGER BE VALID.

WHEN DEEMED ELIGIBLE, LICENSE WILL BE MAILED WITHIN TWO (2) WEEKS FOLLOWING THE NEXT SCHEDULED BOARD MEETING.

**ATTACH
PASSPORT TYPE
PHOTO HERE**



**Tennessee Board of Social Worker Licensure
665 Mainstream Drive
Nashville, TN 37243**

**615-532-5735 or 800-778-4123
www.state.tn.us/health**

Application fee	40-001	\$ 75
License fee	40-001	\$ 75
State Reg fee	40-006	\$ 10
		\$160
Temporary fee	40-001	\$ 50
State Reg fee	40-006	\$ 10
		\$ 60

Licensed Master Social Worker

Please indicate by checking one:

Exam: _____ **LMSW**
Reciprocity: _____ **LMSW**
Temporary: _____ **LMSW**

NAME: _____
(Last) (First) (Maiden/Middle)

NOTE: This name will be used to register you with the testing agency (ASWB) you will be required to present the original ASWB Authorization Letter and one currently valid, non-expired government-issued photo-bearing i.d. (driver's license, military i.d., passport, etc.) at the testing center. The name on your i.d. MUST match your name as it appears on you Authorization Letter. You will not be allowed to test and will forfeit your exam fee without the Authorization Letter and proper identification.

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (_____) _____ - _____ HOME E-MAIL: _____

Do you wish to receive notification, including renewal notification, from the Department of Health via email? ___ Yes ___ No

SOCIAL SECURITY NO. _____ - _____ - _____ BIRTH DATE: _____ / _____ / _____

You must put your social security number on this form for the application to be complete. State and federal law require social security numbers on this application. Tenn. Code. Ann. § 36-5-1301(a), as authorized by 42 U.S.C. § 405(c)(2)(C)(i). The number will be used to verify your identity, to ask questions about your financial responsibility, and for any other purpose allowed by state or federal law. When you provide your social security number on this application and sign the form, you are agreeing that Department of Health may use your social security number in furtherance of federal and state law, for example, to collect delinquent fees.

RACE: _____ SEX: _____

U.S. CITIZEN: Yes ___ No ___

All applicants must complete the attached Declaration of Citizenship form

EDUCATIONAL INFORMATION:

NAME OF COLLEGE/UNIVERSITY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DEGREE RECEIVED: _____ DATE CONFERRED: _____ / _____ / _____

Do you or have ever held a certificate or license to practice social work in any other state YES: _____ NO: _____

If yes, you must submit a letter of good standing from each state in which you have or have ever held a certificate and/or license.

_____/_____, _____/_____, _____/_____, _____/_____
(State) (License No.) (State) (License No.) (State) (License No.) (State) (License No.)

EMPLOYMENT HISTORY:

CURRENT EMPLOYER: _____

EMPLOYER ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WORK PHONE: (_____) _____ - _____ WORK E-MAIL: _____

JOB TITLE: _____ TYPE OF POSITION: _____

FULL TIME: _____ PART TIME: _____ WORKING IN PROFESSION: YES: _____ NO: _____

EMPLOYMENT DATES: FROM: _____/_____/_____ TO: _____/_____/_____

SUPERVISORS NAME: _____

MAJOR RESPONSIBILITIES: _____

LICENSURE INFORMATION: FOR RECIPROCITY APPLICANTS

1. Have you taken and passed the ASWB master's exam? YES: _____ NO: _____

If yes, please have the ASWB send a copy of your test scores.

PLEASE ANSWER THE FOLLOWING QUESTIONS. If any answers to the questions in this part are in the affirmative attach an explanation on a separate sheet. In support of your explanation, the final documents or orders from the issuing states, courts, and/or agencies must be submitted along with this application.

For the purpose of these questions, the following phrases or words have the following meanings:

1. "Ability to practice Social Work" is to be construed to include all of the following:
 - a. The cognitive capacity to make appropriate diagnosis or evaluation, exercise reasoned judgments, to learn, and keep abreast of developments in the field of social work.
 - b. The ability to communicate those judgments and information to clients and other health care providers, with or without the use of aids or devices, such as voice amplifiers.
2. "Medical Condition" includes physiological, mental or psychological disorders, such as, but not limited to; orthopedic, visual, speech and/or hearing impairment, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addition, and alcoholism

3. "Chemical Substance" 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.
4. "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 function as a licensee or within the past two (2) years.
5. "Illegal use of controlled substance" means the use of controlled substances obtained illegally (e.g. heroin, or cocaine) as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTION:

YES OR NO

- | | | | |
|---|---|---|--|
| <p>1. Do you currently have a medical condition which in any way impairs or limits your ability to practice social work with reasonable skill and safety:</p> <p style="margin-left: 40px;">a. If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program?</p> <p style="margin-left: 40px;">b. If you have any limitations or impairments caused by an existing medical condition, are they reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice?</p> <p style="margin-left: 40px;">(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 so as to be determine whether an Unrestricted license should be issued, whether conditions should be imposed, or whether You are no eligible for licensure.</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | |
| <p>2. Do you currently use chemical substance?</p> <p style="margin-left: 40px;">a. If yes, please submit a letter from you physician regarding your prescribed medication. (Must be submitted on physician letter head, and must contain information on whether this medication will impair or limit your ability to practice social work with reasonable skill and safety.</p> | <p>_____</p> <p>_____</p> | <p>_____</p> <p>_____</p> | |
| <p>3. Are you currently engaged in the illegal use of controlled substance?</p> <p style="margin-left: 40px;">a. If yes, are you currently participating in a supervised rehabilitation program or professional Assistance program which monitors your in order to assure that you are not engaged in the Illegal use of controlled substance? (Submit a letter from your Physician regarding your Treatment.</p> | <p>_____</p> <p>_____</p> | <p>_____</p> <p>_____</p> | |
| <p>4. Have you ever been diagnosed as have or have you ever been treated for pedophilia, exhibitionism, Or voyeurism</p> | <p>_____</p> | <p>_____</p> | |
| <p>5. If you have ever held or applied for a license to practice social work in any state, country, or province, has or was it ever been denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?.</p> | <p>_____</p> | <p>_____</p> | |
| <p>6. If you have ever had staff privileges at any hospital or health care facility, have they ever been revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action?</p> | <p>_____</p> | <p>_____</p> | |
| <p>7. Have you ever been convicted of a felony or a misdemeanor other than a minor traffic violation?</p> | <p>_____</p> | <p>_____</p> | |
| <p>8. Have you ever been rejected or censured by a professional association?</p> | <p>_____</p> | <p>_____</p> | |
| <p>9. In relation to the performance of your professional services in any profession:</p> <p style="margin-left: 40px;">a. Have you ever had a final judgment rendered against you?</p> <p style="margin-left: 40px;">b. Have you ever had a settlement of any legal action rendered against you?</p> <p style="margin-left: 40px;">c. Are there any legal actions pending against you or to which you are a party?</p> | <p>_____</p> <p>_____</p> <p>_____</p> | <p>_____</p> <p>_____</p> <p>_____</p> | |

QUESTION CONT:

YES OR NO

10. If you have ever held a license or certificate in any health care profession, has it ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?

**AFFIDAVIT OF APPLICANT
APPLICANT'S CONSENT AND RELEASE**

In applying for licensure in the State of Tennessee, I HEREBY:

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 competency, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

CONSENT TO THE RELEASE of such information.

RELEASE FROM LIABILITY the board, its staff, and all their representatives for their acts performed and statements made in good faith and without malice in connection with evaluation my application, my credentials, and my qualification.

ACKNOWLEDGE THAT I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, other qualifications, and for resolving any doubt about such qualifications.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN MY APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Signature of Applicant)

(Date)



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

TENNESSEE BOARD OF SOCIAL WORKER LICENSURE

VERIFICATION OF DEGREE AND ACCREDITATION STATUS

If you have graduated from a Social Work program and the program has not received full accreditation, please complete section 1 and send this form to the institution for verification.

SECTION 1

 (Name of Applicant)

 (Name of Program)

 (Social Security No.)

 (Address)

 (City/ St / Zip)

SECTION 2

This section must be completed by the authorized representative of the institution that granted the degree.

 (Institutions name)

 (Program Director Print name)

 (Address)

 (Signature) (Date)

Date applied for accreditation _____ / _____ / _____

 (City/ St. / Zip)

Date degree was conferred _____ / _____ / _____

 (Degree)



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

TENNESSEE BOARD OF SOCIAL WORKER LICENSURE

VERIFICATION OF LICENSURE

Please complete the top portion and mail this form to the regulatory Board in each state where you hold or have held a license or certificate to practice as a Social Worker. (If additional forms are required, this form may be duplicated.) Please disregard this page if you are not licensed or certified or have never been licensed or certified as a social worker in another state.

NOTE: Some states require a fee for providing verification information. In order to expedite your application, you may wish to contact the applicable state or states.

I was granted _____ on _____ by the State of _____
 (License #) (Date)

The Tennessee Board of Social Worker Licensure requests that I submit evidence that my license or certificate in your state is in good standing. You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Tennessee Board of Social Worker Licensure. Your early attention is appreciated.

 (Signature) (Date)

THIS PORTION IS TO BE COMPLETED BY STATE LICENSING BOARD VERIFYING LICENSURE

Name of Licensee	Licensure Level	License No.	Date Issued
Please Verify All Requirements Met in Your Jurisdiction			
Education: ___ BSW from CSWE Accredited School ___ MSW from CSWE Accredited School	Experience clinical: ___ # Months Post LMSW Clinical Experience ___ # Hours of face to face supervision ___ # Hours clinical experience	Experience non-clinical: ___ # Months Post LMSW Non-clinical Experience ___ # Hours of face to face supervision ___ # Hours non-clinical experience	
Exam Taken ___ ASWB (Only ASWB will be accepted) ___ Other _____	Date Exam Passed	Level Exam Taken	If no Exam score is on file, how was licensure obtained? ___ Grandfathered ___ Endorsement: If endorsement, what state? _____
License Current? ___ Yes ___ No	Expiration Date ___/___/___	Complaints and/or Disciplinary Action ___ Yes* ___ No	

*Explain Complaints or Disciplinary Actions (please enclose a copy of any board order)

 (Signature of person completing form) (Title) (Date) / /

 (Print name of person completing form) (Phone number)

Board Seal Here



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

TENNESSEE BOARD OF SOCIAL WORKER LICENSURE

EDUCATION REQUEST

APPLICANT: Supply the information requested and mail this entire form to the school at which you completed your Social Work program.

NOTE: Most schools require a fee, so you may want to contact the institution before mailing this form so that you can attach their fee.

TO WHOM IT MAY CONCERN. I am applying for a license to practice as a social worker in the State of Tennessee. The Board of Social Worker Licensure requires verification of my educational attainment. Please forward an original transcript bearing the institution's official seal to the Board's address below.

Applicant's Full Name: _____
 (Last) (First) (Middle/Maiden)

Applicant's Address: _____

 (City) (State) (Zip)

Applicant's Social Security Number: _____ - _____

Applicant's Student Identification Number: _____

Year of Graduation: _____ Degree: _____ Conferred Date: _____

Please forward an official graduate transcript bearing the institution's official seal to:

Tennessee Board of Social Worker Licensure
665 Mainstream Drive
Nashville, TN 37243

Thank you for your cooperation and prompt response.

 (Applicants Signature)

 (Date)



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
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

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** provide one of the following:
 - a) Tennessee Driver's License, or photo ID issued by Department of Safety.
 - 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.
7. If you checked "No" in question 4 please indicate from the list below which category applies to you: (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):

- 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.