

ATTACHMENT 1



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS
METRO CENTER COMPLEX
665 MAINSTREAM DR. 2ND FL
NASHVILLE, TENNESSEE 37243

TENNESSEE MEDICAL LABORATORY BOARD
CLEARANCE FROM OTHER STATE LICENSURE BOARDS

APPLICANT: Please provide the information requested in the top box and then mail one (1) form to the licensure board in EACH state where you hold OR HAVE EVER HELD a license to practice any profession. (Copies of this form may be used.) **NOTE:** Some states require a fee for providing clearance information. To expedite your application, you may wish to contact the applicable state(s).

_____ was granted a license to practice _____ with license
(Name of Applicant) (Profession)
Number _____ on _____ in the State of _____. The Medical
(Date)
Laboratory Board of Tennessee requests that I submit evidence of the current status of that license in your state. You are hereby authorized to release any information in your files, favorable or otherwise, directly to:

**State of Tennessee
Medical Laboratory Board
Metro Center Complex
665 Mainstream Dr. 2ND FL
Nashville, TN 37243**

Date: _____

Applicant's Signature

Applicant's typed or printed name

ADMINISTRATIVE OFFICE OF STATE LICENSURE BOARD, PLEASE COMPLETE:

Name In Full As It Appears On License: _____

License Number _____ Profession _____ Date Issued _____

Basis of issuance: ___ Endorsement/Reciprocity with _____
(Check One) (State)
___ Written Examination _____
(Name of Exam)

The license is currently active and registered? _____
yes no

Is there any derogatory information on file? _____ If yes, an explanation must be attached.
yes no

Authorized Signature Title Date