Online Renewal Is Available

At

www.tennessee.gov/health

INSTRUCTIONS FOR RENEWAL APPLICATION

1. Please fill in all requested information. Make sure to mark the box beside the profession for which you wish licensure renewal.

2. Carefully read all questions on this application form. Circle "Yes" only if the statement(s) applies to you. Do not write "NO" beside the statement if it does not apply to you.

3. Sign, date the application, and return it.

   If you do not sign and date the application, it WILL be returned to you. Failure to sign and date this application will cause a delay in issuing your renewal certificate and may cause you to incur further cost.

4. The renewal fee for your profession is listed below. Please make your check or money order payable to the Department of Health. DO NOT SEND CASH.

5. Pursuant to T.C.A. §63-1-108, it is the licensee's responsibility to keep the Board apprised of any change of address within thirty (30) days of the change. For the purpose of the Board proving it has sent you your renewal application or license, it is sufficient to send said documentation to the address found in your licensure file.

Medical Doctor (1606)	$ 235	Orthopedic Physician Assistant (3629)	$ 185
Osteopathic Physician (1907)	$ 310	Medical Office X-Ray Operator (1637) Limited	$ 60
Perfusionist (2984)	$ 260	Medical Office X-Ray Operator (1637) Full	$ 60
Physician Assistant (3628)	$ 185	Osteopathic Medical Office X-Ray Operator (1944) Limited	$ 60
Acupuncture (2483)	$ 310	Osteopathic Medical Office X-Ray Operator (1944) Full	$ 60
ADS (2483)	$ 60	Midwifery (3045)	$ 710
Radiologist Assistant (1638)	$ 60	Polysomnography Technician	$ 130
Genetic Counselors (1678)	$ 60		

-002 $ _____
-006 $ _____

TENNESSEE DEPARTMENT OF HEALTH
MEDICAL BOARD UNIT RENEWAL APPLICATION
Online Renewal is now available at https://apps.tn.gov/hlrs/begin.jsp

You Must Check One:

☐ Medical Doctor (1606)	☐ Orthopedic Physician Assistant (3629)
☐ Osteopathic Physician (1907)	☐ Medical Office X-Ray Operator (1637) Limited
☐ Perfusionist (2984)	☐ Medical Office X-Ray Operator (1637) Full
☐ Physician Assistant (3628)	☐ Osteopathic Medical Office X-Ray Operator (1944) Limited
☐ Acupuncture (2483)	☐ Osteopathic Medical Office X-Ray Operator (1944) Full
☐ Midwifery (3045)	☐ ADS (2483)
☐ Radiologist Assistant (1638)	☐ Polysomnography
☐ Genetic Counselors (1678)	

Lic./Cert. No. _____ Expiration Date: _____

Social Sec. No: – –

Name and Mailing Address

Birth Date: Mo/Date/Yr / /

_____

_____

_____

_____

Home Phone:

Work Phone:

Work Address:

_____

_____

Is this a change in your mailing address?
Yes ☐ No ☐

Email address: _____

Do you wish to receive notification, including renewal notification, from the Department of Health via email? Y N

CAREFULLY READ ALL QUESTIONS

Circle YES if the following applies to you:

I have been convicted of a crime and I have not previously notified the Board in writing of that action ..... **YES**

My license has been disciplined in another state and I have not previously notified the Board in writing of that action ..... **YES**

I am currently in poor physical and/or mental health ..... **YES**

My name has been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry) ..... **YES**

Have you ever been denied a license to practice your profession in another jurisdiction ..... **YES**

I currently do Level II Office Based Surgery which is integral to a planned treatment regimen and not performed on an urgent or emergent basis (MD/DO only) ..... **YES**

IF YOU HAVE ANSWERED YES TO ANY OF THE STATEMENTS PRINTED ABOVE, ATTACH AN EXPLANATION.

If you have been licensed in other states in the past two (2) years, list those states. _____

MAIL TO:
Medical Board Unit
665 Mainstream Drive
Nashville, TN 37243

I certify that the statements given in this application are true and correct and that I have complied with all renewal requirements and, if applicable, satisfied all continuing education and competency requirements for the two (2) previous calendar years as set forth in the Tennessee Code Annotated and the Official Compilation Rules and Regulations of the State of Tennessee regarding the practice of my profession.

_____ _____
SIGNATURE DATE

MAKE CHECK OR MONEY ORDER PAYABLE TO THE DEPARTMENT OF HEALTH (Do not send cash)