

Applicant Name: _____

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



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
OFFICE OF HEALTH RELATED BOARDS
BOARD OF PHARMACY
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243
PHONE: (615) 253-1299 FAX: (615) 741-2722 EMAIL: pharmacy.health@tn.gov
<https://www.tn.gov/health/health-program-areas/health-professional-boards/pharmacy-board.html>

APPLICATION FOR MEDICAL SERVICE REPRESENTATIVE

APPLICANT MUST SUBMIT THE FOLLOWING INFORMATION:

New License

Name of Applicant:

Name

Street

City State Zip

Social Security Number

Home Phone Number: () _____

Work Phone Number: () _____

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

COMPANY EMPLOYED BY:

Company Name

Street

City State Zip

Telephone Number () _____

M/W/D License Number _____

*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)	_____	_____
	Healthcare Profession (Please Print)	License number if applicable

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.