



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METROCENTER
NASHVILLE, TENNESSEE 37243

TENNESSEE BOARD OF PHYSICAL THERAPY
(615) 532-5132 or 1-888-310-4650 ext. 25132
www.tn.gov/health

Application for Duplicate License

Table with 4 columns: (Check one), Duplicate License Requesting, Fee Due, For Each. Rows include Renewal Certificate (5x7) with Wallet Card and Wall License.

I \_\_\_\_\_
(First) (Middle) (Maiden) (Last)
of \_\_\_\_\_
(Street Address) (City, State, Zip)

the lawful possessor of the renewal certificate to practice as a \_\_\_\_\_
P.T. or P.T.A.
(Circle one)

in the State of Tennessee do hereby request a replacement of said license. The license was:

\_\_\_\_ Lost \_\_\_\_ Stolen \_\_\_\_ Destroyed \_\_\_\_ Other: \_\_\_\_\_
(List Reason)

I attended: \_\_\_\_\_ and I graduated in: \_\_\_\_\_
(Educational Institute) (Year)

and my License Number is: \_\_\_\_\_ which was issued on \_\_\_\_\_
(Month/Day/Year)

My Social Security Number is: \_\_\_\_\_

Signature of Licensee

The person whose signature appears above has personally appeared before me and being
duly sworn, states that the statements made in this application are strictly true on this
\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_ Signature of Notary SEAL

My Commission Expires: \_\_\_\_\_