

Instructions for Registered Nurse Licensure by Examination

The statutes governing registered nurses are in TCA, Section § 63-7-103 and § 63-7-104, <http://www.lexisnexis.com/hottopics/tncode/>

Read all instructions and determine your Primary State of Residence before completing any applications. Do not mail application prior to graduation. Allow six weeks for processing. It is not necessary to call the board to check on the status of your application prior to the six week processing period.

Primary State of Residence

If your primary state of residence* is Tennessee or a non-compact state you may apply in Tennessee for licensure by examination; however, if your primary state of residence* is a compact state other than Tennessee you must apply for licensure by examination in your home state.

**Primary state of residence means the state of a person's declared fixed permanent and principle home for legal purposes; domicile. The following items may be requested as proof of primary state of residence: driver's license, voter registration card, federal income tax return, military form DD2058, state of legal residence certificate or military form DFAS702, leave and earning statement (LES). For a current map of states in the compact, check the following web site: <https://www.ncsbn.org/nurse-licensure-compact.htm>.*

Registration with Pearson Vue to take the Examination

Register with Pearson Vue and pay the \$200.00 fee by internet registration at www.pearsonvue.com/nclex or by phone registration at 866-496-2539 two (2) weeks prior to graduation. In order to register with Pearson Vue an email address and valid acceptable identification are required. The applicant's name registered with Pearson Vue and acceptable identification must match exactly.

An applicant cannot be made eligible to test and the Authorization to Test (ATT) issued until after the diploma/degree has been awarded and the complete application has been received and reviewed by the Board. The testing service fee must be paid before the applicant will be made eligible to test. Testing must occur within the Test Validity Dates on the ATT. The candidate bulletin is available online at www.pearsonvue.com/nclex.

Complete Application

- a. Attach one (1) passport photograph signed and dated on the front by the applicant and the Dean/Director of the school of nursing. The date must be no more than 6 months prior to date of application. Sign legal name legibly. Do not conceal the face. Note: Snapshots are not acceptable.
- b. Request an official transcript be mailed directly from the educational institution of the nursing program to the Board of Nursing.
- c. A criminal background check is required. For instructions to obtain a criminal background check, go to <http://tn.gov/health/article/CBC-instructions>
 - obtain documents relative to conviction if applicable; submit with application
- d. Declaration of Citizenship form: complete, sign, have notarized and submit with required documentation. The form is online at: <http://tn.gov/assets/entities/health/attachments/PH-4183.pdf>.

Additional information, if applicable:

International Graduates:

- Request the Commission on Graduates of Foreign Nursing School (CGFNS) directly send a copy of the certificate
- Attach a copy of your Commission on Graduates of Foreign Nursing School (CGFNS) certificate

Testing accommodations: must be approved for special testing accommodations before the ATT can be issued.

- Letter from applicant requesting type of accommodations needed. Specify extra time: 2 or 3 hour(s), or double time, separate room, reader or other;
- Letter of diagnosis from qualified medical professional including results of diagnostic testing and recommendations and if applicable includes DSM Code;
- Letter from Dean/Director of your nursing program indicating what accommodations were granted while in school. Specify extra time: 2 or 3 hour(s), or double time, separate room, reader or other.

Previous exam failures outside of Tennessee:

- If you have failed an exam in another state, attach candidate performance report(s).

If the application is not complete upon receipt by the Board, you will be notified of the deficiency.

Professional Passport
Photograph
Not to exceed
2" x 2"

Paperclip photograph to
application signed by Director
and Applicant on front and dated

Applicant must sign, legal
name



FEES ARE NON REFUNDABLE

1703 001 - \$90.00
006 - \$10.00

Department of Health
Division of Health Licensure and Regulation
Tennessee Board of Nursing
665 Mainstream Drive, Second Floor
Nashville, Tennessee 37243

Application for Licensure as a Registered Professional Nurse by Examination

Print Legal Name (use ink): _____
LAST FIRST MIDDLE MAIDEN

List any other names by which you have been known: _____

Social Security Number: _____ Telephone Number: (____) _____

Your social security number may be used to verify your identity and for any other purpose allowed by state or federal law.

U.S. Citizen Yes No Entitled to Live and Work in the U.S. Yes No

Date of Birth: _____ Gender: Female Male

Ethnic Group: White Black Native American Indian Asian Hispanic Other, Specify _____

Do you wish to receive notifications, including renewal notification, from Department of Health via email? Please note, by opting in, all correspondence from the Department of Health will be delivered to the email address on file. You will no longer receive physical mail from our office. Yes No Email address: _____

(Print legibly)

Mailing Address: _____
(Street/PO Box/Route) (City/State/Zip)

Street Address: _____
(Required if Mailing Address is a PO Box) (Street) (City/State/Zip)

PRIMARY STATE OF RESIDENCE

I declare that my primary state of residence is _____. This state is referred to as my home state under the Nurse Licensure Compact and means that it is my declared fixed permanent and principle home for legal purposes and is my domicile.

The following items may be requested as proof of primary state of residence: driver's license, voter registration card, federal income tax return, military form DD2058, state of legal residence certificate or military form DFAS702, leave and earning statement (LES).

Are you a member of the U.S. armed forces who has, within the preceding 180 days, retired from the armed forces, received any discharge other than a dishonorable discharge from the armed forces, or been released from active duty to a reserve component of the armed forces? (If yes, provide proof of status) Yes No

Are you the spouse of a member of the armed forces who has been transferred by the military to Tennessee or who has, within the preceding 180 days, retired from the armed forces, received a discharge other than a dishonorable discharge from the armed forces or been released from active duty to a reserve component? (If yes, provide proof of status) Yes No

Did you graduate from high school or do you have a G.E.D. equivalency certificate? Yes No

Nursing Education:

Degree Associate Diploma Baccalaureate Master

College/University/School of Nursing _____

Location: _____
City State

Enrollment Date: _____ Completion Date: _____ Graduation or Anticipated Graduation Date: _____
mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy

Have you ever taken the National Council Licensure Examination (NCLEX-RN)? Yes No

If yes, please identify states: _____

Have you previously applied for a registered nurse license in Tennessee? Yes No

Are you or have you ever been licensed as a registered nurse in another state? Yes No

If yes, identify name as licensed, state and license number: _____

Are you or have you ever been licensed in any other profession in Tennessee or another state? Yes No

If yes, identify profession, name as licensed, state, license number and status: _____

Definitions for Fitness and Competency Questions

1. "Ability to practice your profession" is to be construed to include all of the following:

a. The cognitive capacity to make appropriate clinical diagnoses, exercise reasoned medical judgments, to learn, and keep abreast of medical developments;

b. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and

c. The physical capability to perform professional tasks and procedures required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.

2. "Medical Condition" includes physiological, mental or psychological conditions including, but not limited to: orthopedic, visual, speech and/or hearing impairments, emotional or mental illness, specific learning disabilities, drug addiction, and alcoholism.

3. "Minor Traffic Offense" generally means moving and non-moving violations punishable by fines only and does not include offenses such as driving under the influence or while intoxicated or reckless driving.

4. "Chemical substances" 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.

5. "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 functioning as a licensee or within the past two (2) years.

6. "Illegal use of illicit or controlled substances" means the use of substances obtained illegally (e.g., heroin or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

DO NOT TEAR APPLICATION APART

Fitness and Competency Questions

1. Do you currently have any physical or psychological limitations or impairments caused by an existing medical condition which are reduced or ameliorated by ongoing treatment or monitoring, or the field of practice, the setting or the manner in which you have chosen to practice? Yes No

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 to determine whether an unrestricted license should be issued, conditions should be imposed, or you are not eligible for licensure.

2. Do you currently use any chemical substances which in any way impair or limit your ability to practice your profession with reasonable skill and safety? Yes No If yes, please list: _____

3. At any time within the past two years, have you engaged in the illegal use of illicit or controlled substances? Yes No

4. Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you to assure that you do not consume alcohol and/or do not engage in the illegal use of illicit or controlled substances? Yes No

5. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or other diagnosis of a predatory nature? Yes No

6. Have you ever held or applied for a license, privilege, registration or certificate to practice as a registered nurse in any state, country, or province, that has been or was ever denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? Yes No

7. Have you ever had staff privileges at any hospital or health care facility that were ever revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action? Yes No

8. Have you ever applied for or held a state or federal controlled substance certificate that was ever denied, revoked, suspended, restricted, voluntarily surrendered or otherwise disciplined or surrendered under threat of restriction or disciplinary action? Yes No

9. Have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than a minor traffic offense) whether or not sentence was imposed or suspended? Yes No

10. Have you ever been rejected or censured by a professional association or society? Yes No

11. In relation to the performance of your professional services in any profession:

a. Have you ever had a final judgment rendered against you;

b. Have you ever entered into any settlement of any legal action; or

c. Are there any legal actions pending against you or to which you are a party? Yes No

12. Have you ever held a license, registration, privilege or certificate in any profession that has ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action in any jurisdiction? Yes No

13. My name has been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry or an abuse registry in another state). Yes No

If you answered "yes" to any of the questions in this part, you must supplement your affirmative response with a thorough explanation on a separate page. In support of your explanation, the board orders from the issuing states, the certified arresting document (warrant), judgment (disposition), and release from judgment (receipt of payment of fines, letter of release from probation, etc.) from the court (clerk's office), and/or agencies must be submitted along with this application. Additional information may be requested and/or required before a licensure decision may be made.

I, being duly sworn and identified as the person referred to in this application, attest to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations regarding the practice of my profession, which are posted on the Board's Internet site and/or were provided to me by the Board office, and agree to abide by them in the practice as a Registered Nurse in the State of Tennessee.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice as a Registered Nurse.

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

RELEASE from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and/or other qualifications, for certification.

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

AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

This certifies that the information submitted by me in this application is true and complete to the best of my knowledge and belief.

Signature

Date

FOR OFFICE USE ONLY

NAME: _____

LICENSE NUMBER: _____ DATE ISSUED: _____

NATIONAL COUNCIL LICENSURE EXAMINATION RESULTS

	DATE	RESULTS		DATE	RESULTS
1 ST EXAM			8 TH EXAM		
2 ND EXAM			9 TH EXAM		
3 RD EXAM			10 TH EXAM		
4 TH EXAM			11 TH EXAM		
5 TH EXAM			12 TH EXAM		
6 TH EXAM			13 TH EXAM		
7 TH EXAM			14 TH EXAM		



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

Pursuant to T.C.A. § 4-58-101 et seq, the Eligibility Verification for Entitlements Act (also known as the "SAVE Act") requires the 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 the Tennessee Department of Safety.
 - b) A valid driver license or ID issued by another state, provided its issuance requirements meet Tennessee 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 qualify.
 - 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 e-i above.
 - k) An SSN that is verifiable 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 Resident
 - 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)

.....
ALL APPLICANTS MUST SIGN AND HAVE NOTARIZED

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____.

AFFIX SEAL HERE

 NOTARY PUBLIC

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 or qualified alien status, state governmental entities and local health departments must also file a criminal complaint with the Office of the Attorney General and/ or the United State Attorney.

APPLICANTS LIVING IN THE STATE OF TENNESSEE

IMPORTANT INFORMATION FOR APPLICANTS:

- Fingerprints submitted will be used to check the criminal history records of the TBI and FBI.

YOU MAY OBTAIN A COPY OF YOUR CRIMINAL BACKGROUND CHECK

- Obtaining a Copy:
Procedures for obtaining a copy of a FBI criminal history records are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/criminal-history-summary-checks>.

YOU MAY CORRECT INFORMATION ON YOUR CRIMINAL BACKGROUND CHECK

- Change, Correction or Updating:
Procedures for obtaining a change, correction, or updated of an FBI criminal history records are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/criminal-history-summary-checks/challenge-of-a-criminal-history-summary>.
- The FBI Noncriminal Justice Applicant's Privacy Rights are available at the FBI website at <http://www.fbi.gov/about-us/cjis/cc/library/noncriminal-justice-applicants-privacy>.
- The Agency Privacy Requirements for Noncriminal Justice Applicants are available at the FBI website at <http://www.fbi.gov/about-us/cjis/cc/library/agency-privacy-requirements-for-noncriminal-justice-applicants>.

*** All applicants applying for initial licensure in Tennessee (not renewal or reinstatement) will be required to obtain a criminal background check through the State of Tennessee selected vendor, Identogo by MorphoTrust. You may register online or by telephone. Electronic print locations are available at www.identogo.com. Click on Locations.

PLEASE BE ADVISED THAT YOU MUST HAVE YOUR PRINTS SCANNED WITHIN 2 WEEKS OF WHEN YOU REGISTER, OR YOU WILL BE REQUIRED TO RE-REGISTER AND RE-PAY THE PROCESSING FEE. The processing fee as of October 1, 2016 is \$32.65.

- Using your computer web browser, go to www.identogo.com click "Get Fingerprinted".
- If you do not have access to the internet, you may call Identogo by MorphoTrust at (855) 226-2937 to schedule an appointment. If you call, you will be asked the following questions instead of completing these steps yourself.
- Under State Fingerprinting and choose the state of Tennessee click "go".
- Under Enrollment Services select "State Fingerprinting".
- Select For New Appointment.
- Choose the Agency Name, **Department of Health Licensure and Regulation**, from a drop-down box and click "go".
- Choose the Applicant Type, **Health Licensure**, and click "go".
- Enter your OCA number and click "Go" and confirm the selected profession and click "yes".
- Select the location where you want to be fingerprinted. You may choose a region of the state, click on the map, or enter a zip code to obtain a list of locations in a specific area. Press "go"
- Click on the words "Click to Schedule" across from the location you want, under the day you wish to be fingerprinted. If you want a date further in the future, click the "Next Week" link to display more dates. Once you select the location/date combination, select the time for your appointment and click "go".
- Complete the demographic information screen. Required fields are indicated by a red asterisk (*). When complete, click "Send Information".
- Confirm the information. Follow the on screen directions to make any changes necessary. Once you see the data is correct, click "Send Information".
- You are required to pay for your own fingerprinting. You will be presented with several payment options. Complete your payment process and click "Send Payment Information".

- Print your confirmation page.
- Bring approved identification documents with you to the appointment. These approved document options are offered when your appointment date and time are confirmed.
- **Arrive at the facility at your appointed date and time.**
- At the fingerprint site you will be asked to provide a State or Federal Government issued ID, verify your information, verify or collect payment, and have your fingerprints scanned. This normally takes less than five minutes.
- You will receive a signed receipt at the end of your fingerprinting session.
- **Your scanned fingerprints will be forwarded electronically to the Tennessee Bureau of Investigation for processing.**
- Your background check report should be in the office of the Profession Board you are applying to within 5 – 8 business days.

IF FINGERPRINTS ARE REJECTED

- TBI will notify the Health Related Boards and a letter will be sent to the Applicant from the Health Related Boards.

TO SCHEDULE A REPRINT APPOINTMENT (If you have been rejected)

- Go to www.identogo.com
 - Click Tennessee on the map or choose Tennessee in the drop down box and click “Go”.
 - Near the bottom of the screen, click on “ONLINE SCHEDULING”.
 - Choose the preferred language by clicking on either English or Spanish.
 - From the “WELCOME” screen, scroll to the bottom of the page under “EXISTING APPOINTMENTS”.
 - Click on “I HAVE RECEIVED A REJECTION NOTICE AND NEED TO SCHEDULE AN APPOINTMENT”.
 - On the rejection details screen, type the TCR Number provided in the rejection notice in the blank box and click “Go”.
 - Select the location where the reprint appointment will be scheduled. Selection may be made by entering a zip code, clicking on the picture of the map or choosing a region of the state from the drop down box. Once the location has been chosen, click “Go”.
 - Choose your preferred location and desired date for reprinting and click on the words “Click to Schedule”. If a date further in the future is desired, click the “Next Week>>” link. Once the location and date are selected, choose the appointment time and click “Go”.
 - Print or write down the confirmation number, appointment time and place. Please make sure that you arrive at your scheduled reprint appointment and location on time.

If you are unable to schedule your reprinting via the internet, the reprint appointment may be scheduled by calling Identogo by MorphoTrust scheduling center at (855) 226-2937 between 9:00 a.m. and 4:30 p.m., Monday through Friday (Central Time). **When calling, please inform the Customer Service Representative that this is for reprinting and give the representative the TCR #.**

RESCHEDULING POLICY

Applicants paying for fingerprinting fees via credit card online must keep their originally scheduled appointment or be rescheduled within two (2) weeks of that original appointment date. Failure to do so will result in forfeiture of paid fees. Applicants paying via credit card are encouraged to call the scheduling office at (855) 226-2937 to reschedule their appointment.

REFUND POLICY

Refunds will be given under the following circumstances:

- Initial fingerprint appointment was not kept and second appointment was unable to be made within two (2) weeks of initial appointment, or appointment was unable to be kept due to unforeseen circumstances agreed to by customer and IdentoGO by MorphoTrust.

Refunds will **not** be given under the following circumstances:

- If the customer did not reschedule their fingerprinting appointment within the two (2) week period after their original appointment.
- If the customer rescheduled their fingerprint appointment within the two (2) week period after their original appointment, but did not show up to the second appointment.

REFUND PROCEDURES

Requests for refunds should be sent to:

IdentoGO by MorphoTrust
Refund Request
15 Century Blvd., Suite 500
Nashville, TN 37214

Information required in the letter:

- Contact person's name
- Contact person's phone number and address
- Email address
- Date and method of the payment
- Transaction reference number (if applicable)
- Reason for request

The customer is advised to send the refund request letter by priority or certified mail to ensure receipt of the request by IdentoGO by MorphoTrust. IdentoGO by MorphoTrust will not be responsible if the customer's refund request letter is lost in the mail.

Standard turnaround time

Standard turnaround time for refund is within one month from the date IdentoGO by MorphoTrust receives the customer refund request letter. IdentoGO by MorphoTrust will notify the customer of the decision to accept or reject the refund request for the reasons stated within this policy within one month from the date IdentoGO by MorphoTrust receives the customer refund request letter.

APPLICANTS LIVING OUTSIDE THE STATE OF TENNESSEE
FINGERPRINT CARD INSTRUCTIONS
(PLEASE DO NOT FOLD THE FINGERPRINT CARD)

IMPORTANT INFORMATION FOR APPLICANTS:

- Fingerprints submitted will be used to check the criminal history records of the TBI and FBI.

YOU MAY OBTAIN A COPY OF YOUR CRIMINAL BACKGROUND CHECK

- Obtaining a Copy:
Procedures for obtaining a copy of a FBI criminal history records are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/criminal-history-summary-checks>.

YOU MAY CORRECT INFORMATION ON YOUR CRIMINAL BACKGROUND CHECK

- Change, Correction or Updating:
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- The FBI Noncriminal Justice Applicant's Privacy Rights are available at the FBI website at <http://www.fbi.gov/about-us/cjis/cc/library/noncriminal-justice-applicants-privacy>.
- The Agency Privacy Requirements for Noncriminal Justice Applicants are available at the FBI website at <http://www.fbi.gov/about-us/cjis/cc/library/agency-privacy-requirements-for-noncriminal-justice-applicants>.

1. Fill out the fingerprint card in its entirety, boxes concerning **date of birth, place of birth, sex, race, height, weight, eyes and hair** must be filled in. To obtain a fingerprint card, contact the board in which you are applying for licensure.
2. Take the fingerprint card to your local Sheriff's office or Police department to have fingerprinting done.
3. The boxes asking for the employer and address, reason for the fingerprinting, OCA number should already be labeled; however, if they are not entered, place the information given at the bottom of this page in those boxes.
4. Register on-line, www.identogo.com and choose Tennessee. If you do not have access to the internet, you may call toll free (855)226-2937. If registering on-line:
 - Click Get Fingerprinted and choose the state of Tennessee click "go".
 - Under Enrollment Services Select State Fingerprinting.
 - Select "to mail in your fingerprint card.
 - Read Fingerprint Card Submissions instructions and click "yes"
 - Choose the Agency Name, **Department of Health of Health Licensure and Regulation**, from a drop-down box and click "go".
 - Choose the Applicant Type, **Health Licensure** and click "go".
 - Enter your OCA number and click "Go" and confirm the selected profession and click "yes".
 - Complete the Applicant Information, submit and verify information and click "go" follow links to submit payment. This will identify to Identogo by MorphoTrust that a hard card will be mailed to them for conversion to an electronic fingerprint record which will then be submitted to the Tennessee Bureau of Investigation.
5. Applicants must complete the entire registration process; a confirmation number will be supplied at the end of the registration process. This number must be retained by the applicant for tracking purposes. **This confirmation number must be recorded on a separate piece of paper, along with two contact phone numbers and submitted with the fingerprint card when it is submitted to Identogo by MorphoTrust for processing.**
6. Once you have had your fingerprints completed and are registered, **if you have not paid by credit card during the registration process**, please send the card with a **money order** payment of \$32.65 (fee effective October 1, 2016) to the address given below. Money order should be made out to Identogo by MorphoTrust and must include the applicant's full name. **Personal checks are not accepted:**

Identogo by MorphoTrust
Tennessee Card Scan Processing
3051 Hollis Drive, Suite 310
Springfield, IL 62704

(For tracking and security reasons, it is recommended that a shipping service with tracking be utilized when sending your card. Please include at least two (2) means of contact information for the applicant. Examples: daytime phone, cell phone, etc. You may verify receipt of your card by IdentoGO by MorphoTrust after three (3) days of shipping your card by calling 855-226-2937 and speaking with a customer service agent.)

7. Your fingerprint card will be processed and sent to the TBI and FBI for reading and reporting. This process will take approximately 7-10 days once IdentoGO by MorphoTrust has received the card. If your fingerprints are rejected the first time, you will be notified and given specific instructions on how to complete this process for a second time. You will not be charged for a second fingerprint card process.
8. Your background check report will be forwarded to the Tennessee Board you are applying to.

ADDITIONAL INFORMATION

Employer	TN Health Related Boards	REASON:	BH-Dept of Health
Address:	665 Mainstream Drive		T.C.A. 63-1-116
	Nashville, TN 37243		

OCA#: (select # from OCA Codes list)

FAILURE TO COMPLETE THE PROCESS AS STATED ON THESE INSTRUCTIONS WILL RESULT IN THE CARD BEING RETURNED TO THE APPLICANT, WHICH WILL DELAY THE PROCESS.

Effective March 1, 2015, the FBI and TBI will no longer accept paper fingerprint card submissions sent directly to them. Fingerprint cards must be sent to IdentoGo by MorphoTrust to be converted to an electronic submission.