STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243

(800) 778-4123 or Local (615) 532-3202
www.tn.gov/health

APPLICATION FOR HEALTH PROFESSIONAL PRACTICE BY EXECUTIVE ORDER

Profession: _____
(Medical doctor, Physician Assistant, etc.)

The granting of this authorizes medical practice in the State of Tennessee until May 18, 2020. There is no fee for this application. This application is only for licensees from other states assisting in the medical response to COVID-19 by Executive Order. Please mail completed applications to TN.Health@tn.gov with the subject line "Applications for Health Professional by Executive Order".

PERSONAL INFORMATION

PLEASE PRINT IN INK

Name: _____
Last First Middle Maiden

Social Security Number: ___-___-___ Date of Birth: _____

Facility Address: _____
_____
_____ Phone: Home: (___) _____
Zip Office: (___) _____

Email Address: _____

Contact Address: _____ U.S. Citizen: Yes ___ No ___
_____
_____ Female _____
Zip Male _____

Are you currently certified by a national certifying body? Yes _____ No _____

If yes, please specify: _____

Intended practice location in TN: _____
* Please attach a legible copy of your driver's license or a copy of your photo identification to this application.

OTHER STATE LICENSE INFORMATION

List below **ALL** states, countries, or provinces in which you hold or have ever held a license, certification, or permit as a health professional. Use the back of this page if you need additional space.

STATE	PROFESSION	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS

COMPETENCY INFORMATION

QUESTIONS:	YES	NO
1. If you have held or applied for a license or certificate to practice as a health professional in any state, country, or province, has or was it ever been denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, voluntarily surrendered under threat of investigation, or disciplinary action?	___	___
2. If you have ever had staff privileges at any hospital or health care facility have they ever been revoked, suspended, curtailed, restricted, limited, otherwise disciplined, voluntarily surrendered under threat of restriction, or disciplinary action?	___	___
3. Have you ever been convicted of a felony or a misdemeanor other than a minor traffic offense?	___	___

APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT

AFFIDAVIT AND RELEASE

I, _____, of _____,
(Applicant's Name) *(City)* *(State)*
being duly sworn and identified as the person referred to in this application, attests to the truth of each statement made in said application, attests that my license is unencumbered and I will abide by the regulations of my profession while working 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 _____.

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 the malice concerning my competence, ethics, character, other qualifications, for licensure.

ACKNOWLEDGE that I 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.

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**