DEPARTMENT OF HEALTH

DECLARATION OF ELIGIBILITY FOR EXPEDITED LICENSURE PROCESS (SPOUSE OF MILITARY MEMBER)

Tennessee Code Annotated, Section 68-1-101, requires an expedited process for spouses of members of the United States’ Armed Forces who meet certain defined criteria. Please complete the form below if you are a spouse of a member of the United States’ Armed Forces. If you answer all four questions below in the affirmative, you are eligible to have your application processed expeditiously. **Note:** this form MUST accompany a completed application for licensure or reinstatement of a previously issued license.

**Please Print Legibly**

1. Name: ___________________________  
   Last  First  Middle  Maiden

2. Mailing Address: ___________________________  
   City  State  Zip

3. Phone Number: Home (____)____-____-____  Office (____)____-____-____  Fax (____)____-____-____

I certify that I am a(n)________________ licensed or certified in the following state(s):

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(a) I am currently licensed/certified to practice my profession in the state(s) listed above; and  
(b) My spouse is a member of the armed forces of the United States; and  
(c) My spouse is the subject of a military transfer to this state; and  
(d) I left employment to accompany my spouse to this state.

☐ I am not a nurse. I have attached a copy of my spouse’s military identification and a copy of his/her military transfer orders. Additionally, I have contacted the state(s) in which I am currently licensed and have asked that an expedited verification of licensure be forwarded directly to the Tennessee Health Related Boards.

☐ I am a nurse and will upload a copy of my spouse’s military identification and a copy of his/her military transfer orders into my online application. My license(s) can be verified through Nursys.

I affirm under the penalty of perjury that (a) through (d) above are applicable to me.

Signed this _______ day of _______________________, 20____.  
___________________________________________________________  
Signature

Sworn to before me this _______ day of _______________________, 20____.

___________________________________________________________  
NOTARY PUBLIC  AFFIX SEAL HERE

My Commission Expires: ___________________________