



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
Bureau of Health Licensure and Regulation
Division of Health Related Boards
665 Mainstream Drive
Nashville, TN 37243**

BILL HASLAM
GOVERNOR

JOHN J. DREYZEHNER, MD, MPH, FACOEM
COMMISSIONER

BOARD OF MEDICAL EXAMINERS

This form is prepared pursuant to T.C.A. § 63-6-214(e) which requires the clerk of the court of record in which a felony conviction is entered against a physician, licensed or otherwise lawfully practicing within this state or applying to be so licensed or to practice, to prepare and forward to the Board of Medical Examiners a certified true and correct abstract of record of the court governing the case.

Name of physician _____

Address of physician _____

Nature/description of offense _____

Judgment of court _____

Sentence of court _____

Case number _____ **County** _____

Date of conviction _____

Name of preparer _____

Signature of clerk _____

Date _____

Please complete and return within 30 days of conviction to:

Office of Investigations
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243
Fax: 615-532-2499