



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
BUREAU OF HEALTH LICENSURE AND REGULATION  
DIVISION OF HEALTH RELATED BOARDS  
665 MAINSTREAM DR  
NASHVILLE, TENNESSEE 37243  
1-800-778-4123 or 615-532-3202

**HEALTH RELATED BOARDS REINSTATEMENT APPLICATION**

Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

Date License Last Renewed: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Name when Originally Licensed: \_\_\_\_\_  
*(If your name has changed, a copy of the legal document that changed your name is required.)*

Complete Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

U.S. Citizen: Yes \_\_\_\_\_ No \_\_\_\_\_

**All applicants must complete the attached Declaration of Citizenship form.**

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Work Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Reason(s) for requesting reinstatement of your license \_\_\_\_\_

Do you wish to receive notification, including renewal notification, from the Department of Health via email?  
\_\_\_\_ Yes \_\_\_\_ No If "yes", please provide email address: \_\_\_\_\_

**Employment history during last five (5) years (use the back of this page if you need addition space):**

Name of Employer	Complete Address of Employer	Position Held	Employment Date	
			Beginning mm/dd/yy	Ending mm/dd/yy

If you answer YES to any of the questions below, attach an explanation and request any documentation from the states, courts, or agencies be submitted to the board's administrative office.

1. Have you been convicted of a crime other than a minor traffic violation? Yes  No
2. Have you ever held a health professional license that was disciplined? Yes  No
3. Are you currently in poor physical and mental health? Yes  No

List below ALL states in which you have ever been or are currently licensed, permitted, certified, or registered. Please have those states submit verification of your licensure status directly to the Board's Administrative Office. **If this section does not apply, mark N/A.**

STATE LICENSED	LICENSE NUMBER	STATUS OF LICENSE	DATE ISSUED

PLEASE RETURN LAST TENNESSEE RENEWAL CERTIFICATE (wallet-size card) ISSUED TO YOU.

**PLEASE COMPLETE THE AFFIDAVIT AND SIGN IN THE PRESENCE OF A NOTARY.**

This certifies that the information submitted by me in this application is true, correct and complete to the best of my knowledge and belief. I understand that if any information provided in this Application is found to be untrue, the application may be denied or my license may be subject to suspension, revocation, or other restrictions or conditions, and/or I may be assessed a civil penalty for each separate violation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

SEAL

**INSTRUCTIONS**

1. Please allow 10 working days for information submitted to be received and placed in the file. Additionally, if you use Federal Express or another special courier service, you will be responsible for any charges incurred.
2. All documents and fees required to be submitted by you, and any documents you request to be submitted, including any Employment Verification form, must be mailed directly to:

Tennessee Department of Health  
Health Related Boards  
665 Mainstream Dr  
Nashville, TN 37243

3. Only the applicant may request a status of the application.
4. If the application is not complete upon receipt by the Board's administrative office, a deficiency letter will be sent to you by certified mail. The supporting documentation requested in the letter must be received in the Board's administrative office sixty (60) days from the date of the deficiency letter. Applications not completed within sixty (60) days will be closed. Once an incomplete file has been closed, all applicants must file a new application and submit, or cause to be submitted, all supporting documentation.
5. It is unlawful to practice your profession in Tennessee until your license is reinstated.



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## HEALTH RELATED BOARDS REINSTATEMENT APPLICATION EMPLOYMENT VERIFICATION

Applicant: Please complete section one of this form. Have your employer sign and complete sections 2 and 3 and have the signature notarized. Please return to the Division of Health Related Boards.

### SECTION 1

Name of Employee \_\_\_\_\_

Street Address of Employee \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### SECTION 2

Employer: The above employee has applied for the renewal and reinstatement of license. Please provide information as to current employment:

Facility Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### SECTION 3

Employer: Please list dates of employment during which the employee was required to hold a current Tennessee license.

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Please indicate if there has been any significant break in service (sick, personal, etc.)

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Name of Administrator/Employer completing Sections 2 & 3: \_\_\_\_\_

### AFFIDAVIT

**State of** \_\_\_\_\_ **County of** \_\_\_\_\_

\_\_\_\_\_ personally appeared before me and being duly sworn states that the above statements are true and correct.

Administrator/Employer's Signature \_\_\_\_\_ Title \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public \_\_\_\_\_ Seal \_\_\_\_\_

Commission Expires \_\_\_\_\_



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DEPARTMENT OF HEALTH  
HEALTH RELATED BOARDS  
665 MAINSTREAM DR  
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DECLARATION OF CITIZENSHIP  
MUST ACCOMPANY ALL APPLICATIONS FOR INITIAL LICENSURE OR REINSTATEMENT OF LICENSURE

The "SAVE Act" requires 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. If you answered yes to this question please sign this form in the presence of a notary and return it with your application.
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 Department of Safety.
  - b) A valid driver license or ID issued by another state, provided its issuance requirements meet 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 count.
  - 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 a-i above.
  - k) SSN that the entity or local health department may verify 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 Residents
- 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)

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\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

AFFIX SEAL HERE

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, state governmental entities and local health departments must also file a criminal complaint with the United States Attorney.**