CLEARANCE FROM OTHER STATE LICENSURE BOARDS

APPLICANT: Please provide the information requested in the top portion and then mail one form to the licensure board in EACH state where you hold OR HAVE EVER HELD a license to practice any profession. (You may copy this form.)

NOTE: Some states require a fee for providing clearance information. To expedite your application, you may wish to contact the applicable state(s).

_________________________________________ was granted a license to practice ________________________________ (Profession)
with license number __________________ on _______________ in the State of ____________________________
(Date)

The Board of Alcohol and Drug Abuse Counselors of Tennessee requests that I submit evidence of the current status of that license in your state. You are hereby authorized to release any information in your files, favorable or otherwise, directly to:

State of Tennessee
Board of Alcohol and Drug Abuse Counselors
665 Mainstream Drive
Nashville, TN 37243

Date: _____________________________

Applicant's Signature

Applicant's typed or printed name

ADMINISTRATIVE OFFICE OF STATE LICENSURE BOARD, PLEASE COMPLETE:

Name In Full As It Appears On License: ____________________________________________

License Number __________________ Profession __________________ Date Issued _____________

Basis of issuance: ______ Endorsement/Reciprocity with __________________________ (State)
(Check One) ______ Written Examination ____________________________ (Name of Exam)

Is the License currently active and registered? Yes _____ No _____

Is there any derogatory information on file? Yes _____ No _____ If yes, an explanation must be attached.

Authorized Signature __________________________ Title __________ Date __________