



**STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH LICENSURE AND REGULATION  
665 MAINSTREAM DRIVE  
NASHVILLE, TN 37243**

**BOARD OF COMMUNICATION DISORDERS AND SCIENCES  
(615) 532-5157-or 1-800-778-4123**

**VERIFICATION FROM OTHER STATE LICENSURE BOARDS**

**APPLICANT:** Please provide the information requested and then mail one form to the licensure board in EACH state where you hold or have ever held a certificate/license/permit to practice any profession. (Copies of this form can be used). **NOTE:** Some states require a fee for providing clearance information. To expedite your application, you may wish to contact the applicable state(s).

**TO BE COMPLETED BY APPLICANT**

I, the undersigned applicant, was granted a (circle one) license/certificate/permit to practice \_\_\_\_\_ with (check one) license/certificate/permit number \_\_\_\_\_ on \_\_\_\_\_ in the State of \_\_\_\_\_. The Tennessee Board of Communication Disorders and Sciences 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 the Tennessee Board of Communication Disorders and Sciences.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Applicant's Typed or Printed Name

**TO BE COMPLETED BY ADMINISTRATIVE OF STATE CERTIFICATION BOARD**

Name in full as it appears on license/certificate/permit:  
\_\_\_\_\_  
(First) (Middle) (Last)

License/Certificate/Permit Number: \_\_\_\_\_ Profession: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Basis of Issuance:  
(Check One) ( ) CCC from ASHA ( ) Reciprocity ( ) Other, Specify \_\_\_\_\_

The license is currently active and registered? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there any derogatory information on file? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Please attach supporting documentation

\_\_\_\_\_  
Authorized Signature Title Date

Seal

