

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 (·	-
	,		•	•	,	
I certify that I am a(n) licensed or certified in the following state(s): Identify Healthcare Profession						
State		Lic. No.		State		Lic. No.
(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.						
■ 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 transfer orders in						
I affirm under the penalty	of perjury that (a) thro	ugh (d) above	e are applica	ole to me.		
Signed this day	of		, 20 .			
- y - 1 - 1 <u> </u>					Signature	
Sworn to before me this	day of		, 2)		
NOT	ARY PUBLIC		-		AFFIX SEAL HERE	
My Commission Expires:			_			

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