



TENNESSEE DEPARTMENT OF HEALTH
OFFICE OF HEALTH LICENSURE AND REGULATION
665 MAINSTREAM DR
NASHVILLE, TN 37243
www.tn.gov/health

COUNCIL FOR LICENSING HEARING INSTRUMENT SPECIALISTS

Please complete top portion and forward one to each state where you hold or have held a certificate/license to practice as a Hearing Instrument Specialist. Extra copies may be photocopied if needed.

PART A – To Be Completed By the Applicant

CERTIFICATION FROM OTHER STATE COUNCILS

I am applying for a Tennessee Hearing Instrument Specialist License by reciprocity, I was granted certification/license # _____ on _____ by the State of _____.

The Tennessee State Council for Licensing Hearing Instrument Specialists requests that I submit evidence that my certificate/license in the State of _____ is in good standing.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to:

TENNESSEE COUNCIL FOR LICENSING HEARING INSTUMENT SPECIALISTS
227 FRENCH LANDING, STE 300
HERITAGE PLACE METROCENTER
NASHVILLE TN 37243

Your early attention is appreciated.

Signature: _____

Print Name: _____

PART B – To Be Completed by the Certifying Board

EXECUTIVE OFFICE OF STATE BOARD:

NAME: _____ Certificate/License Number _____

Date Issued _____ Licensed By: _____ Exam _____ Reciprocity

Written Exam Administered by IHS? _____ Yes _____ No

If Yes – was exam proctored by member of the state’s licensing board or designee? _____ Yes _____ No

SCORES FROM IHS SECTIONS: I: ____ IV: ____ VII: ____ X: ____
II: ____ V: ____ VIII: ____
III: ____ VI: ____ IX: ____

Is license current? (Circle One): Y N

Licensed By: ____ Exam ____ Reciprocity

Derogatory Information: _____

STATE COUNCIL

SIGNATURE AND TITLE

(SEAL)

DATE

Return to: COUNCIL FOR HEARING INSTRUMENT SPECIALISTS
665 MAINSTREAM DR
NASHVILLE, TN 37243