



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243
www.tn.gov/health

TENNESSEE BOARD OF MEDICAL EXAMINERS
(615) 532-4384

APPLICATION INSTRUCTIONS FOR LICENSURE AS AN ANESTHESIOLOGIST ASSISTANT
LICENSURE APPLICATION CHECK SHEET

Provided below is a checklist for your personal use and convenience containing all the things you must do to receive consideration for issuance of a Tennessee license to practice. **NOTE: All submissions must be executed and dated less than one (1) year before receipt or they will be rejected by the Board.**

ALL APPLICATION FEES ARE NON-REFUNDABLE.

- | | Done |
|---|-------------|
| 1. Complete and mail the application pages 1 through 6. | _____ |
| 2. Attach to the application a clear, recognizable, recently taken, passport photograph of yourself. | _____ |
| 3. Copy of your diploma from your Educational Institution/Anesthesiologist Assistant Program. | _____ |
| 4. If you are or have ever been licensed, certified, registered, or permitted by any state to practice as an anesthesiologist assistant or other health professional, you must request license verification from each state to be sent directly to the board. | _____ |
| 5. If you are certified by the National Commission for Certified Anesthesiologist Assistants (NCCAA), verification of passage of the certifying examination and active certification submitted to the Board directly from the NCCAA. | _____ |
| 6. Copy of your current ACLS certification. | _____ |
| 7. Submit two (2) <u>original</u> letters of recommendation from the applicant's supervising anesthesiologists or for recent graduates, from the director of the applicant's training program or faculty anesthesiologist addressing the applicant's clinical skills and ability. These letters must be signed and dated (within the last 6 months). | _____ |
| 8. Attach to the application a check or money order in the amount of \$310 made payable to the Board of Medical Examiners. If requesting temporary certification or temporary authorization, attach to the application a check or money order in the amount of \$310. If requesting a conversion from temporary to full license, attach to the application a check or money order in the amount of \$60. All fees are non-refundable. | _____ |
| 9. A criminal background check is required. For instructions to obtain a criminal background check, go to https://www.tn.gov/content/tn/health/health-professionals/criminal-background-check.html . | _____ |
| 10. If you have a supervising physician, submit Attachment 1 along with your application. Attachment 1 <u>must</u> be signed by the supervising physician and must be submitted prior to beginning practice. | _____ |
| 11. All applicants must complete, sign and have notarized the Declaration of Citizenship form and submit the documents required by the Declaration of Citizenship form, The Declaration of Citizenship is available online at https://www.tn.gov/content/dam/tn/health/healthprofboards/PH-41833.pdf . | _____ |

UNDERSTANDING THE APPLICATION PROCESS

1. **All application fees are non-refundable. Accordingly, please familiarize yourself with the laws, rules and requirements for licensure prior to submitting your application.**
2. All documents and fees required to be submitted by you, or which must be requested from the appropriate institutions in this application process must be emailed to medical.health@tn.gov or mailed directly to:

**Tennessee Board of Medical Examiners
665 Mainstream Drive
Nashville, TN 37243 (37228 for courier service only)**
3. **Allow fourteen (14) working days** for information sent to our office to be received and placed in your file. Federal Express or special courier services will not appreciably reduce the processing time. Additionally, if Federal Express or special courier services are used, you will be responsible for the charges incurred. The Board's Administrative Office asks that you please give the Board office every consideration in this matter.
4. If all required documentation has not been received when your application is initially reviewed by the Board office, an initial deficiency letter will be sent to you. The supporting documentation requested in the letter must be received in the Board office ninety (90) days from the date of the initial deficiency letter. **(Files not completed within ninety (90) days will be closed.)**
5. Absent any complicating factors, the average application processing time is ten (10) to twelve (12) weeks. Once the application is completed, your file will be reviewed, and an initial licensure determination made. You will be notified by letter of the initial determination.
6. If an address change occurs at any time during the application process, you must notify the Board office, in writing, immediately. This notice can be emailed to medical.health@tn.gov or mailed to the address provided above.
7. You have the option to receive all correspondence from the Department of Health electronically. Should you "opt in," you will no longer receive physical mail from this office. Opting in does not discharge your obligation to provide the Department with a current physical address and email address. You are required by statute and rule to notify the Department of an address change within thirty (30) days of any such change.
8. It is strongly recommended that you do not make arrangements to accept employment as an Anesthesiologist Assistant in Tennessee until you are granted a license number by the Board of Medical Examiners.
9. All documents which are provided to this office in conjunction with your request for an Anesthesiologist Assistant license becomes part of the public record and must be released pursuant to a public records request.

Thank you for your cooperation. We will make every effort to process your application in an efficient manner.



FOR OFFICIAL USE ONLY

ATTACH A
CURRENT FULL-
FACE
PHOTOGRAPH

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH-RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243

16-001 \$ _____

16-006 \$ _____

BOARD OF MEDICAL EXAMINERS
(615) 532-4384
www.tennessee.gov

APPLICATION FOR LICENSURE AS AN ANESTHESIOLOGIST ASSISTANT

Please check the license type for which you are applying.

Anesthesiologist Assistant

Temporary

Conversion

PERSONAL INFORMATION

Name as it will appear on the license: _____
(First) (Middle) (Last)

Have you been known by any other name? Y N If yes, list names: _____

Date of Birth: Mo. ____ Day ____ Yr. ____ Social Security Number: ____ - ____ - ____

Are you a U.S. Citizen? Y N Gender: M F Race: _____

Are you entitled to Live and Work in U.S.? Y N

Are you a member of the U.S. armed forces who has, within the preceding 180 days, retired from the armed forces, received any discharge other than a dishonorable discharge from the armed forces, or been released from active duty to a reserve component of the armed forces? Y N (If yes, please provide a copy of DD214.)

Are you the spouse of a member of the armed forces who has been transferred by the military to Tennessee or who has, within the preceding 180 days, retired from the armed forces, received a discharge other than a dishonorable discharge from the armed forces or been released from active duty to a reserve component? Y N (If yes, please provide proof of same.)

Present Mailing Address: _____ Home Phone: (____) ____ - ____

Work Phone: (____) ____ - ____

Email address: _____

Do you wish to receive notification, including renewal notification, from the Department of Health via email? Y N
Please note, by opting in, all correspondence from the Department of Health will be delivered to the email address on file for you. You will no longer receive physical mail from our office.

EDCATIONAL AND EMPLOYMENT INFORMATION

Please provide the following information for all educational institutions you have attended beyond high school.

From: _____ MM/YY	To: _____ MM/YY	_____	_____
		Educational Inst./Anesthesiologist Asst. Program	Location
From: _____ MM/YY	To: _____ MM/YY	_____	_____
		Educational Inst./ Anesthesiologist Asst. Program	Location
From: _____ MM/YY	To: _____ MM/YY	_____	_____
		Educational Inst./ Anesthesiologist Asst. Program	Location
From: _____ MM/YY	To: _____ MM/YY	_____	_____
		Educational Inst./ Anesthesiologist Asst. Program	Location

Please complete your entire employment history starting with the most current position first. Use the back of this page if you need additional space.

DATES

LOCATION

From: _____ MM/YY	To: _____ MM/YY	_____	_____
		City/State	Position/Duties
From: _____ MM/YY	To: _____ MM/YY	_____	_____
		City/State	Position/Duties
From: _____ MM/YY	To: _____ MM/YY	_____	_____
		City/State	Position/Duties
From: _____ MM/YY	To: _____ MM/YY	_____	_____
		City/State	Position/Duties
From: _____ MM/YY	To: _____ MM/YY	_____	_____
		City/State	Position/Duties

PRACTICE AND LICENSURE INFORMATION

YES NO

Are you or have you ever been licensed in this profession in another state? _____

Are you or have you ever been licensed in any other profession in Tennessee or another state? _____

Are you certified by the National Commission for Certified Anesthesiologist Assistants (NCCAA) or its successor organization and have successfully completed the National Certifying Examination for Anesthesiologist Assistants as administered by the NCCAA? _____

Have you ever received a temporary permit or license to practice as an Anesthesiologist Assistant in Tennessee? _____

Are you currently ACLS Certified? _____

List below all states, countries or provinces in which you have ever been or currently are licensed, permitted or certified. Use the back of this page if you need additional space.

STATE	PROFESSION	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

COMPETENCY INFORMATION

For the purposes of the questions below, the following phrases or words have the following meanings:

1. **“Ability to practice your profession”** is to be construed to include all of the following:
 - a. The cognitive capacity to make appropriate clinical diagnoses, exercise reasoned medical judgments, to learn, and keep abreast of medical developments;
 - b. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
 - c. The physical capability to perform professional tasks and procedures required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **“Medical Condition”** includes physiological, mental or psychological conditions including, but not limited to: orthopedic, visual, speech and/or hearing impairments, emotional or mental illness, specific learning disabilities, drug addiction, and alcoholism.
3. **“Minor Traffic Offense”** generally means moving and non-moving violations punishable by fines only and does not include offenses such as driving under the influence or while intoxicated or reckless driving.
4. **“Chemical substances”** is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
5. **“Currently”** does not mean on the day of or even in the weeks or months preceding the completion of the application; rather, it means within the past two years or recently enough so that the use of drugs or alcohol or other medical conditions may have an ongoing impact on one's functioning as a physician.
6. **“Illegal use of illicit or controlled substances”** means the use of substances obtained illegally (e.g., heroin or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

Please respond to ALL questions. If you answer “YES” to any question other than question 1, please attach a written explanation. An affirmative response to questions 2-13 requires final documents or orders from the issuing states, courts and/or agencies.

QUESTIONS:

YES NO

- | | |
|---|--------------|
| <p>1. The Board recognizes that licensees may suffer from potentially impairing health conditions, just like their patients, including psychiatric illnesses, physical illnesses which may impact cognition, and substance use disorders. The Board expects its licensees to properly address their health concerns, in order to ensure patient safety. Licensees should seek appropriate medical care and should limit their medical practice, when appropriate. The Board encourages licensees to utilize the services of the Tennessee Medical Foundation, a confidential resource which provides advocacy for licensees who may suffer from potentially impairing illnesses. (www.e-tmf.org) The failure of a licensee to adequately address any health condition which may impair their ability to practice medicine with reasonable skill and safety to patients, may result in the board taking action against the license to practice medicine. I have read and understand this statement.</p> | <p>_____</p> |
| <p>2. Do you currently have any condition that is causing impairment that affects your ability to practice medicine with reasonable skill and safety in a competent, ethical and professional manner? <i>(You may answer no if you are being appropriately treated and are not impaired.)</i></p> | <p>_____</p> |

**COMPETENCY INFORMATION
CONTINUED**

	YES	NO
<p>3. Do you currently use any medications or substances (legal, OTC, prescribed or illicit) which in any way impairs or limits your ability to practice medicine with reasonable skill and safety in a competent, ethical and professional manner?</p> <p>If so, please list: _____</p>	_____	_____
<p>4. During the past two years, did you engage in any activity involving substances, either alcohol or controlled/illicit drugs, that impaired or limited your ability to practice medicine with reasonable skill and safety in a competent, ethical and professional manner? You may answer "NO" if you are being appropriately treated and are not impaired).</p> <p>It should be noted, however, that if such activity is not revealed, but manifests at some later time in your career, the Board, in its role as the protector of the health, safety and welfare of people in the State of Tennessee, will be able to pursue a disciplinary action on your license.</p>	_____	_____
<p>5. Have you ever been diagnosed as having or have you ever been treated for a paraphilia or other type disease of a predatory nature such as, but not limited to pedophilia, exhibitionism, voyeurism, etc.</p>	_____	_____
<p>6. Have you ever held or applied for a license or certificate in any state, country, or province, in any health care profession, that has been or was ever denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?</p>	_____	_____
<p>7. Have you ever had staff privileges at any hospital or health care facility that were ever revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action?</p>	_____	_____
<p>8. Have you ever applied for or held a state or federal controlled substance certificate that was ever denied, revoked, suspended, restricted, voluntarily surrendered or otherwise disciplined or surrendered under threat of restriction or disciplinary action?</p>	_____	_____
<p>9. Have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than a minor traffic offense) whether or not a sentence was imposed or suspended?</p>	_____	_____
<p>10. Have you ever been rejected or censured by a medical society?</p>	_____	_____
<p>11. In relation to the performance of your professional services in any profession:</p> <p style="margin-left: 20px;">a. Have you ever had a final judgment rendered against you; _____</p> <p style="margin-left: 20px;">b. Have you ever entered into any settlement of any legal action; or _____</p> <p style="margin-left: 20px;">c. Are there any legal actions pending against you? _____</p> <p><i>For this question, a final judgment means a decision rendered by a jury or court authority at trial; a settlement means an agreement without a trial where payment is awarded; a pending legal action means a claim that has not been decided, settled, or dismissed.</i></p>	_____	_____
<p>12. Are you currently under investigation by a licensing board?</p>	_____	_____
<p>13. My name has been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry or an abuse registry in another state).</p>	_____	_____

AFFIDAVIT AND RELEASE

I, _____, of _____
(Applicant's Name) (City) (State)

being duly sworn and identified as the person referred to in this application attest to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations regarding the practice of my profession, which are posted on the Board's website at <http://share.tn.gov/sos/rules/0880/0880-02.20150426.pdf>, and agree to abide by them in the practice of medicine in the State of Tennessee.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice medicine.

AUTHORIZE the Board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and/or other qualifications.

RELEASE from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and/or other qualifications for licensure.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing accurate and adequate information for a proper evaluation of my professional, ethical, other qualifications, and for resolving any doubts about such qualifications.

AUTHORIZE release, use and disclosure of otherwise HIPAA-protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243
BOARD OF MEDICAL EXAMINERS'
ANESTHESIOLOGIST ASSISTANT
(615) 532-4384

SUPERVISING PHYSICIANS

This section must be completed by the supervising physician(s).
(This page may be duplicated if necessary)

List all practice settings:

1) **Setting:**

Supervising Physician Signature

Printed Name

Address

Tennessee Medical License Number

2) **Setting:**

Supervising Physician Signature

Printed Name

Address

Tennessee Medical License Number

3) **Setting:**

Supervising Physician Signature

Printed Name

Address

Tennessee Medical License Number

4) **Setting:**

Supervising Physician Signature

Printed Name

Address

Tennessee Medical License Number



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243

DECLARATION OF CITIZENSHIP
MUST ACCOMPANY ALL APPLICATIONS FOR INITIAL LICENSURE OR REINSTATEMENT OF LICENSURE

Pursuant to T.C.A. § 4-58-101 et seq, the Eligibility Verification for Entitlements Act (also known as the "SAVE Act") requires the 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) TN License number if applicable

Please Print Legibly

1. Name: _____
Last First Middle Maiden
2. Mailing Address: _____
Street/PO BOX City State Zip
3. Phone Number: Home: (____)____-____ Office: (____)____-____ Fax: (____)____-____
4. I am a United States Citizen: ___Yes ___No
5. I am a foreign national **NOT** physically present in the United States ___Yes ___No. (All **MUST** answer). 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 the Tennessee Department of Safety.
 - b) A valid driver license or ID issued by another state, provided its issuance requirements meet Tennessee 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 qualify.
 - 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 e-i above.
 - k) An SSN that is verifiable 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 Resident
 - 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)

.....
ALL APPLICANTS MUST SIGN AND HAVE NOTARIZED

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 or qualified alien status, state governmental entities and local health departments must also file a criminal complaint with the Office of the Attorney General and/ or the United State Attorney.