



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 MEDICAL DOCTOR FULL LICENSURE

Provided below is a checklist for your personal use and convenience containing all items that must be completed before your application for a Tennessee medical license will be considered.

ALL APPLICATION FEES ARE NON-REFUNDABLE

1. Submit the application and \$510 application fee online at <https://lars.tn.gov> **THE APPLICATION IS A SEPARATE DOCUMENT.** _____
2. Transcripts sent directly from your Medical School or through FCVS Profile. Transcripts sent in by the applicant will not be accepted. Documentation must be submitted in English. Transcripts can be emailed from the Medical School to medical.health@tn.gov _____
3. Complete and send Attachment 1, Verification of Postgraduate Medical Training, to each institution in the U.S. at which you received postgraduate medical training. The program can submit the completed form by email to medical.health@tn.gov _____
4. Submit a clear and recognizable recently taken bust photograph of yourself that shows the full head, face forward from at least the shoulders up. _____
5. Submit proof of citizenship in the United States or evidence of being lawfully present in the United States. For US citizens - a copy of a birth certificate, current US Passport, or naturalization certificate. For non-US citizens - H1B visa, O visa, J-1, permanent resident card, or proof of visa application in process. _____
6. Submit two (2) original letters of recommendation from an MD or DO. All letters must be on signatory's letterhead, attest to your good moral character, signed and dated within the last six (6) months. _____
7. Licensing Exam scores submitted to the administrative office directly from the exam institution. <https://www.fsmb.org/transcripts/transcripts-faq/> _____
8. If you are an international medical school graduate, you must submit one of the following: _____
 - a. A notarized copy of your original permanent E.C.F.M.G. Certificate;
 - b. If you graduated from a Mexican Medical School, a letter from the E.C.F.M.G. stating that all certificate requirements have been met; or
 - c. If you cannot obtain an original certificate due to the phase out of the E.C.F.M.G., proof of successful completion of U.S.M.L.E. Steps 1 and 2 submitted directly from the testing agency to the Board Administrative Office.
9. Complete and submit the **Mandatory Practitioner Profile Questionnaire**. After submitting your application online, you will complete the Profile in your LARS account at <https://lars.tn.gov>. From the Quick Start menu, select Mandatory Practitioner Profile Questionnaire from the dropdown under Applicant Activities. _____

10. **Application fee of \$510. If applying online, the fee will be paid online. If you are submitting the paper application, attach to the application a check or money order in U.S. funds in the amount of \$510, payable to the Tennessee Board of Medical Examiners.** _____
11. Pursuant to T.C.A. § 63-6-221, physicians who perform Level II office based surgery must so report at the time of initial application, reinstatement, or renewal of a medical license. Level II office based surgery means “level II surgery, as defined by the board of medical examiners in its rules and regulations, that is performed outside of a hospital, an ambulatory surgical treatment center, or other medical facility licensed by the Department of Health.” The Board of Medical Examiners’ rules regarding office based surgery, including definitions of Level II and Level III surgery, can be found at: <https://publications.tnsosfiles.com/rules/0880/0880-02.20220606.pdf>. Please review these rules carefully if you perform level II procedures in your office. Under T.C.A. § 63-6-221, you are further required to report certain “unanticipated events” to the board of medical examiners within mandated time frames of the occurrence. _____
12. A criminal background check is required. For instructions to obtain a criminal background check, go to <http://tn.gov/health/article/CBC-instructions> _____
13. 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>. _____

ATTACHMENT 1

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VERIFICATION OF POSTGRADUATE MEDICAL TRAINING

APPLICANT: Provide the information requested in the top box and then mail this form to each institution in which you received any postgraduate medical training. If additional forms are required, copy this one.

Institution Administration: I am applying for a Tennessee medical license and hereby authorize you to release any and all information in your files concerning my medical training. I was in training at your institution as follows:		
Applicant's name: _____ (Last)	_____ (First)	_____ (Middle/Maiden)
Name of Institution: _____	Program Title: _____	
_____	_____	
Applicant's Signature	Dates of Training	

THIS PORTION IS TO BE COMPLETED BY THE TRAINING PROGRAM'S ADMINISTRATIVE OFFICE	
Please complete (including questions) and return to: medical.health@tn.gov	
Was the above program LCME/ACGME approved at the time the applicant attended training?	CIRCLE ONE Yes No
Were there any adverse charges or actions taken during the residency? If yes, please attach supporting information and/or documentation.	Yes No
The applicant has successfully completed _____ months of the program. (# of Months)	
If the applicant has not completed the training program, provide the expected completion date: _____	
I certify that the information on this form is true and correct.	
_____	_____
Program Director's/Dean's Signature	Date
Subscribed and sworn before me this the ____ day of _____, _____.	
_____	(Affix Seal Here*)
Notary Public	
My Commission Expires: _____	
*If using an embossed seal, it can be lightly shaded with a pencil so the seal is visible when the form is scanned and submitted electronically.	