



State of Tennessee  
Department of Health  
Health Related Boards  
665 Mainstream Drive  
Nashville, TN 37243

**BOARD OF MEDICAL EXAMINERS**

**LOCUM TENENS**

**NOTIFICATION OF PRACTICE SETTING**

**Next Practice Setting Dates**

\_\_\_\_\_

**Next Practice Setting Location**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please describe the reason for this practice:**

(If the reason is to substitute or provide coverage, include the doctor's name and specialty)

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**License # M.D.L.T.** \_\_\_\_\_