



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

TENNESSEE BOARD OF MEDICAL EXAMINERS

APPLICATION CHECKLIST FOR A SHORT-TERM VISITOR CLINICAL TRAINING LICENSE

Provided below is a checklist for your personal use and convenience containing the items that are required to be completed and submitted before your application for a Tennessee medical license will be considered. **ALL DOCUMENTS MUST BE TRANSLATED INTO ENGLISH AND SUCH TRANSLATION SHALL BE CERTIFIED.**

ALL APPLICATION FEES ARE NON-REFUNDABLE

1. Complete and submit application pages 1 through 6. \_\_\_\_\_
2. Submit a clear and recognizable recently taken bust photograph of yourself that shows the full head, face forward from at least the shoulders up. \_\_\_\_\_
3. All applicants must complete, sign and have notarized the Declaration of Citizenship form and submit the documents required by the Declaration of Citizenship form. \_\_\_\_\_
4. Submit proof of the ability to lawfully enter and remain in the United States for the period of the clinical training program. \_\_\_\_\_
5. Complete and submit along with your application the *Practitioner Profile Questionnaire* which is online at <https://www.tn.gov/content/dam/tn/health/healthprofboards/PH-3585.pdf>. You are required by law to update your profile within 30 days of any change as long as you have an active license. Failure to do so may subject you to disciplinary action. \_\_\_\_\_
6. A criminal background check is required and must be completed by the authorized vendor. **The OCA code for Medical Doctor is 1606.** For instructions to obtain a criminal background check, go to <http://tn.gov/health/article/CBC-instructions> \_\_\_\_\_
7. Submit a copy of your medical school diploma that shows the degree has been conferred and contains the official seal of the institution. \_\_\_\_\_
8. Submit proof of written acceptance from the short-term clinical training program or clinical professional development program. \_\_\_\_\_
9. Submit proof that your credentials have been primary source verified by the ECFMG, the FCVS, or by the host institution. \_\_\_\_\_
10. Cause to be submitted verification of an active and unrestricted license in good standing held in your country or your country of practice OR submit proof that you are enrolled in an accredited resident training program in your country. \_\_\_\_\_
11. Submit a copy of a valid professional liability insurance policy provided by the program, the school, or hospital conducting the program, that is effective for the duration of your participation in the program. \_\_\_\_\_
12. Submit signed Attachment 1, Attestation and Written Acknowledgement. \_\_\_\_\_
13. Submit a check or money order in U.S. funds in the amount of \$410, made payable to the Tennessee Board of Medical Examiners. Be sure the check includes your name and your profession (MD). \_\_\_\_\_

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ATTESTATION AND WRITTEN ACKNOWLEDGEMENT

I, \_\_\_\_\_, attest to the truth of each statement below.  
(Applicant's Name)

**I HEREBY ATTEST:**

- \_\_\_\_\_ I have no disqualifying criminal history.
- \_\_\_\_\_ I have no disqualifying disciplinary action by an educational institution.
- \_\_\_\_\_ I have no disqualifying disciplinary action by a training institution.
- \_\_\_\_\_ I have no disqualifying disciplinary action by an employer.
- \_\_\_\_\_ I have no disqualifying disciplinary action by a foreign licensing authority.

I also acknowledge that a short-term visitor clinical training license cannot be used to obtain or hold a position in a residency program in the United States, satisfy United States graduate medical education requirements, or remain in this state to practice medicine beyond the expiration date of the license.

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



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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)

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**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.**