



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 SPECIAL TRAINING LICENSE

**APPLICANT:** Provide the information required in the Personal and Competency Information portions of this application, sign, and then submit the entire application to the appropriate training program personnel. The sponsoring institution must submit this application simultaneously with all required documentation. It is vitally important that you provide the required documentation to the program personnel as early as possible. Complete and submit, along with your application, the Practitioner Profile Questionnaire and Declaration of Citizenship form. Links and instructions are provided below in the checklist. The required supporting documentation should be included with the notarized Declaration of Citizenship. A criminal background check is also required. For instructions to obtain a criminal background check, see the checklist below.

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. Complete and mail application pages 1 through 6, or complete the online application at <https://lars.tn.gov> \_\_\_\_\_
2. Transcripts sent directly from your medical school, the training program or through FCVS Profile. Transcripts sent in by the applicant will not be accepted. Documentation must be submitted in English. \_\_\_\_\_
3. Submit a clear and recognizable recently taken bust photograph of yourself that shows the full head, face forward from at least the shoulders up. \_\_\_\_\_
4. 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. Examples for non-US citizens - H1B visa, O visa, J-1, permanent resident card, or proof of visa application in process. \_\_\_\_\_
5. 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. \_\_\_\_\_
6. If you are an international medical school graduate, you must submit a copy of your ECFMG certificate. \_\_\_\_\_
7. Complete and submit with your application the **Mandatory Practitioner Profile Questionnaire**. The paper version can be found online at <https://www.tn.gov/content/dam/tn/health/healthprofboards/PH-3585.pdf>. If you submitted 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. \_\_\_\_\_
8. **Attach to the application and submit a check or money order in U.S. funds in the amount of \$30 payable to the Tennessee Board of Medical Examiners.** \_\_\_\_\_

9. A criminal background check is required. **Your OCA code is 1677.** For instructions to obtain a criminal background check, go to <http://tn.gov/health/article/CBC-instructions> \_\_\_\_\_
10. All applicants must complete, sign and have notarized the Declaration of Citizenship form and submit the documents required by the Declaration of Citizenship form. \_\_\_\_\_
11. Sponsorship Information form must be completed and signed by the Program Director. \_\_\_\_\_

## SPONSORSHIP INFORMATION

**THIS PORTION OF THE APPLICATION MUST BE COMPLETED BY THE DEAN OR PROGRAM DIRECTOR RESPONSIBLE FOR THE TRAINING PROGRAM**

I, the undersigned, am submitting an application on behalf of \_\_\_\_\_  
*(Applicant's Name)*

to practice medicine in Tennessee with a special training license. **I am enclosing the following documents concerning this applicant with this application:**

1. An original medical school transcript sent directly from the applicant's medical school to me. [Note: the school's curriculum must be A.M.A. approved or for international medical school graduates, the medical school curriculum must be Tennessee Board approved pursuant to Rule 0880-2-.04(3). The transcript must show that the degree was conferred and it must bear the institution's official seal.] A notarized copy of the applicant's diploma will be accepted pending receipt of the original transcript.
2. A clear and recognizable, recently taken photograph of the applicant that shows the full head, face forward from at least the top of the shoulders up.
3. Two (2) original letters from medical professionals on the signatory's letterhead attesting to the applicant's good moral character.
4. Proof of the applicant's citizenship in the United States or Canada, or evidence of being legally entitled to live and work in the United States. (Notarized copies of birth certificates, naturalization papers, or J-1 visas.) For purposes of the J-1 visa, the Board will accept a temporary visa or its application pending receipt of a notarized copy of the visa itself upon issuance.
5. A check or money order in the amount of Thirty Dollars (\$30), payable to the Tennessee Board of Medical Examiners.
6. For International Medical School Graduates Only. A notarized copy of the applicant's original permanent E.C.F.M.G. Certificate. A notarized copy of the temporary certificate issued to the applicant will be accepted pending receipt of notarized copies of the original permanent certificate subsequently issued. [If the applicant is graduating from a Mexican Medical School, a letter from the E.C.F.M.G. stating that all certificate requirements have been met will be acceptable. If the applicant cannot obtain an original certificate due to the phase out of the E.C.F.M.G., proof of successful completion of the U.S.M.L.E. Steps 1 and 2 sent directly to you from the testing agency will be acceptable.]

Tennessee licensed physician(s) who will have primary supervisory responsibility for the applicant:

Name and License Number: \_\_\_\_\_  
Name and License Number: \_\_\_\_\_

Sponsoring Medical School: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEAN'S OR PROGRAM  
DIRECTOR'S NAME AND TITLE:**

\_\_\_\_\_  
*(Please type or print)*

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Please mail to: Board of Medical Examiners  
665 Mainstream Drive  
Nashville, TN 37243



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)

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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.**