

## SPONSORSHIP INFORMATION

I, the undersigned am submitting this application for \_\_\_\_\_ to  
*(Applicant's Full Name )*

practice medicine in Tennessee with a single purpose license.

**I am enclosing the following documents with this application:**

1. Verification that the applicant has a license in good standing in another state or country. That verification must have been received by you directly from the applicable state or country and not the applicant.
2. A letter from the sponsoring hospital and/or physician stating that the applicant is engaged in advanced study in a particular field of medicine or is demonstrating a new medical technique to medical professionals in Tennessee.
3. Verification of the applicant's credentials from the appropriate United States specialty organization, or the American Medical Association, or a similar organization acceptable to the Tennessee Board of Medical Examiners.
4. **A check or money order for \$405, payable to the Tennessee Board of Medical Examiners.**

Name and Address of Sponsoring Hospital:

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Name, Title and Address of Sponsoring Physician:

*(Please type or Print)*

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Sponsoring Physician's License Number: \_\_\_\_\_

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**Sponsoring Physician's Signature**

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

Submit this form and all necessary documentation to :

**Tennessee Board of Medical Examiners  
665 Mainstream Drive  
Nashville, TN 37243**

**THIS LICENSE IS VALID FOR A PERIOD OF NO MORE THAN ONE (1) YEAR AND IS NOT RENEWABLE**