



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
Bureau of Health Licensure and Regulation
Division of Health Related Boards
665 Mainstream Drive
Nashville, TN 37243
<http://tn.gov/health>

ADVANCED PRACTICE REGISTERED NURSE (APRN) REINSTATEMENT APPLICATION

Complete this Reinstatement Application **ONLY** if you have previously held a Tennessee APRN certificate. License number is **required**.

TN RN License # _____ or Multi-state compact RN License# _____

Reinstate APRN Certificate # _____ <https://apps.health.tn.gov/Licensure/default.aspx>

Name*: _____
Last First Middle Maiden

* If your name has changed since last licensed in Tennessee, provide a photocopy of the legal document granting the name change.

Present Mailing Address:

(Street/PO Box/Route) (City/State/Zip)

Date of Birth: _____ Social Security Number: _____

Telephone Number: _____
Primary Secondary

Instructions for the required criminal background check can be found at:
<https://www.tn.gov/content/tn/health/health-professionals/criminal-background-check/cbc-instructions.html>

Reinstatement Fee:** \$210.00 payable to Tennessee Board of Nursing

Fees paid to the Tennessee Board of Nursing are **non-refundable pursuant to Administrative Rule APRN 1000-04-.06.

I have practiced nursing within the last 5 years.

- Yes
- No

I have met the Tennessee continued **competence requirements**:

<https://www.tn.gov/content/dam/tn/health/documents/ContinuedCompetenceRequirements.pdf>

- Yes
- No

I have pled guilty to or been convicted of a misdemeanor or felony other than a minor traffic violation.

- Yes – Please submit a certified copy of the warrant and judgment and evidence of completion of judgment requirements. Provide a letter explaining the events.
- No

My license has been disciplined in another state or jurisdiction.

- Yes – Please submit a copy of the discipline.
- No

I am currently in good physical and mental health.

- Yes
- No

I am currently active duty military.

- Yes
- No

I am currently spouse of active duty military.

- Yes
- No

I am nationally certified as an advanced practice registered nurse.

- Yes—Please submit a copy of the certification.
- No

I affirm that the statements given in this application are true and correct and that I have complied with all reinstatement requirements.

Signature

Date

Mail To:

**Tennessee Board of Nursing
665 Mainstream Drive
Nashville, TN 37243**

615-532-5166 or 1-800-778-4123



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DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243
tn.gov/health
615-532-5166 or 800-778-4123
Fax 615 741-7899

DECLARATION OF PRIMARY STATE OF RESIDENCE

NAME: _____ SS#: _____

ADDRESS: _____

City	State	Zip Code	Home/Cell Telephone Number
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Email: _____

RN/LPN TN license # _____ DATE OF BIRTH: _____

YES NO Are you currently active duty military?
If YES, provide Leave and Earning Statement (LES)

YES NO Are you currently a federal government employee?

I declare that my **current** primary state of residence is _____. This state is referred to as my home state under the Nurse Licensure Compact and means that it is my “declared fixed, permanent, and principal home for legal purposes.”

I intend to practice in the state(s) of: _____

I affirm that this completed form and any submitted materials contain no willful misrepresentation and that the information is true and complete to the best of my knowledge.

Sign here to affirm: _____ Date: _____



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) License number if applicable

Please Print Legibly

1. Name: _____
Last First Middle Maiden
2. Mailing Address: _____
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. 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.