



STATE OF TENNESSEE
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: _____

ALLOW 4-6 WEEKS FOR YOUR FILE TO BE REVIEWED