

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 national specialty organization, or by the American Osteopathic Association, or a similar organization acceptable to the Tennessee Board of Osteopathic Examination.

Name and Address of Sponsoring Hospital:

Name, Title and Address of Sponsoring Physician:

(Please type or Print)

Sponsoring Physician's License Number: _____

Sponsoring Physician's Signature

Date

Submit this form and all necessary documentation to :

**Tennessee Board of Osteopathic Examination
665 Mainstream Drive
Nashville, TN 37243**

THIS LICENSE IS VALID FOR A PERIOD OF NO MORE THAN ONE YEAR AND IS NOT RENEWABLE!