

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.O.A. approved. The transcript must show that the degree was conferred and it must bear the institution's official seal.)
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 United States or Canadian citizenship or evidence of being legally entitled to live and work in the United States or evidence of citizenship and residency in a N.A.F.T.A participating country. (Notarized copies of birth certificates, naturalization papers, current H-1 visa status, or voter registration are acceptable.)
5. A check or money order in the amount of Sixty Dollars (\$60), payable to the Tennessee Board of Osteopathic Examination.

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 Osteopathic Examination
665 Mainstream Drive
Nashville, TN 37243**