



**DECLARATION OF ELIGIBILITY FOR EXPEDITED LICENSURE PROCESS (SPOUSE OF MILITARY MEMBER)**

Tennessee Code Annotated, Section 68-1-101, requires an expedited process for spouses of members of the United States' Armed Forces who meet certain defined criteria. Please complete the form below if you are a spouse of a member of the United States' Armed Forces. If you answer all four questions below in the affirmative, you are eligible to have your application processed expeditiously. **Note: this form MUST accompany a completed application for licensure or reinstatement of a previously issued license.**

**Please Print Legibly**

1. Name: \_\_\_\_\_  
Last First Middle Maiden

2. Mailing Address: \_\_\_\_\_  
City State Zip

3. Phone Number: Home (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_ Office (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_ Fax (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_

I certify that I am a(n) \_\_\_\_\_ licensed or certified in the following state(s):

State	Identify Healthcare Profession	Lic. No.	State	Lic. No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- (a) I am currently licensed/certified to practice my profession in the state(s) listed above; and
- (b) My spouse is a member of the armed forces of the United States; and
- (c) My spouse is the subject of a military transfer to this state; and
- (d) I left employment to accompany my spouse to this state.

**I am not a nurse. I have attached a copy of my spouse's military identification and a copy of his/her military transfer orders. Additionally, I have contacted the state(s) in which I am currently licensed and have asked that an expedited verification of licensure be forwarded directly to the Tennessee Health Related Boards.**

**I am a nurse and will upload a copy of my spouse's military identification and a copy of his/her military transfer orders into my online application. My license(s) can be verified through Nursys.**

I affirm under the penalty of perjury that (a) through (d) above are applicable to me.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_  
Signature

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

AFFIX SEAL HERE

My Commission Expires: \_\_\_\_\_