

DECLARATION OF ELIGIBILITY FOR EXPEDITED LICENSURE PROCESS (MILITARY MEMBER)

Tennessee Code Annotated, Section 68-1-101, requires an expedited process for members of the United States' Armed Forces who meet certain defined criteria. Please complete the form below if you are 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):
Identify Healthcare Profession

State	Lic. No.	State	Lic. No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I am a member of the United States armed forces. I am currently licensed/certified to practice my profession in the state(s) listed above. Within the last one hundred eighty (180) days I:

- (a) Retired from the armed forces of the United States; or
- (b) Received a discharge other than a dishonorable discharge from the armed forces of the United States; or
- (c) Was released from active duty into a reserve component of the armed forces of the United States.

☐ **I am not a nurse. I have attached a copy of my military identification and a copy of my retirement, discharge or release from active duty into the reserves papers. 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 a copy of my military identification and a copy of my retirement, discharge or release from active duty into the reserves papers will be uploaded into my online application. My license(s) can be verified through Nursys.**

I affirm under the penalty of perjury that (a) through (c) 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: _____