

**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):

Identify Healthcare Profession

State	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.

☐ **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: _____