



DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

ABUSE REGISTRY ADVISORY GROUP

APPLICATION FOR REMOVAL FROM THE ABUSE REGISTRY

This application is a request for consideration of removal of a person's name from the Abuse Registry. It is not available to persons whose names were placed on the Registry at the request of State departments or agencies other than the Department of Intellectual and Developmental Disabilities (DIDD). This process is **not** an opportunity for challenging or disputing the offense which led to the placement of the person's name on the Abuse Registry. To be considered for removal from the Abuse Registry, this application must be completed and all required information submitted to the Chairperson of the Abuse Registry Advisory Group, care of the Office of General Counsel, Department of Intellectual and Developmental Disabilities, by certified U.S. Mail, at the address below. Upon receipt of an application, if it is determined that additional information is needed, a request may be sent to the applicant. All information is subject to verification. A criminal history background check must be conducted by the Tennessee Bureau of Investigation and the report submitted directly to the Chairperson. Failure to comply with these requirements will disqualify the applicant from consideration.

Please provide all required information. Incomplete applications will not be reviewed and will result in denial of the request.

Date of Application: _____ Date Placed on Abuse Registry: _____*

Full Name: _____

Home Address: _____
Street City State Zip

Telephone: Day (____) _____ Home (____) _____ Cell (____) _____

Email address: _____

Date of Birth: _____ Social Security Number: _____

Employer _____ Occupation _____

Employer Address and Phone: _____

Professional or Occupational Licenses Held _____

I certify that the information contained in my application and supporting documents is true to the best of my knowledge, information and belief.

Signature: _____ Date: _____

**To be eligible for removal, at least three (3) years must have elapsed between the date of placement on the Abuse Registry and the date of this application.*

REQUIRED INFORMATION TO BE SUBMITTED WITH APPLICATION

1. The applicant shall provide a detailed written statement which includes a description of the facts and circumstances that have occurred since placement on the Registry that he or she contends justify removal from the Abuse Registry. A complete employment history since time of placement shall be included, as well as details of any arrests or convictions of any crimes (felonies or misdemeanors) and disciplinary actions taken or pending regarding any professional or occupational licenses.
2. The applicant shall provide at least three (3) letters of reference from sources acceptable to the group indicating awareness on the part of the writer that the applicant's name is on the Abuse Registry as well as the reason(s) for placement, and setting forth reasons why the writer believes removal is justified.
3. The applicant shall sign and date the Authorization for Release of Information.
4. The applicant shall complete a "Tennessee Criminal History Information Request Form" and submit it to Tennessee Bureau of Investigation with payment. The request must include special instructions that the report (1) be certified and (2) be submitted directly to the Chairperson of the Abuse Registry Advisory Group, c/o Office of General Counsel, Department of Intellectual and Developmental Disabilities at the address below. The form may be obtained from the TBI website through this link:

<http://tn.gov/assets/entities/tbi/attachments/Mail-In%20Form%20%20Information.pdf>

Send via certified U.S. Mail to:

**Chairperson, Abuse Registry Advisory Group
ATTN: OFFICE OF GENERAL COUNSEL
TN Dept. of Intellectual and Developmental Disabilities
Citizens Plaza State Office Building, 10th Floor
400 Deaderick Street
Nashville, Tennessee 37243**

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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (*printed name*), hereby authorize the Abuse Registry Advisory Group of the Tennessee Department of Intellectual and Developmental Disabilities to contact references listed on my application, current or former employers, and any other persons or entities whose names are provided by me in my application for consideration of removal from the Abuse Registry and the supporting documents I have submitted. I further authorize all such persons and entities to provide any information and documents requested by the Advisory Group. I wish to cooperate fully with the Advisory Group and furnish all information, and authorize others to do so, that the Advisory Group deems necessary for consideration of my application for removal from the Abuse Registry.

Signature of Applicant: _____ Date: _____

Signature of Witness: _____ Date: _____