

1703 / 001 - 190.00

1703 / 006 - 10.00

200.00

1704 / 001 - 190.00

1704 / 006 - 10.00

200.00



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
Bureau of Health Licensure and Regulation
Division of Health Related Boards
665 Mainstream Drive
Nashville, TN 37243
<http://tn.gov/health>**

Registered Nurse (RN) / Licensed Practical Nurse (LPN) REINSTATEMENT APPLICATION

Complete this Reinstatement Application ONLY if you have previously held a Tennessee nursing license. If you have never been licensed as a nurse in Tennessee, please use the Endorsement Application. Please allow 2-4 weeks for processing. License number is required and may be obtained at: <https://apps.health.tn.gov/Licensure/default.aspx>

Reinstate TN RN License # _____

Reinstate TN LPN License # _____

Name*: _____
Last First Middle Maiden

** If your name has changed since last licensed in Tennessee, provide a photocopy of the legal document granting the name change.*

Present Mailing Address:

(Street/PO Box/Route)

(City/State/Zip)

Date of Birth: _____

Social Security Number: _____

Telephone Number: _____
Primary

Secondary

Reinstatement Fee: \$200.00 payable to Tennessee Board of Nursing**

***Fees paid to the Tennessee Board of Nursing are **non-refundable** pursuant to Administrative Rule RN 1000-01-.12 (2) and LPN 1000-02-.12 (2).*

I have practiced nursing within the last 5 years.

- Yes
- No

I have met the Tennessee continued competence requirements.

- Yes
- No

I have pled guilty to or been convicted of a misdemeanor or felony other than a minor traffic violation.

- Yes – Please submit a certified copy of the warrant and judgment and evidence of completion of judgment requirements. Provide a letter explaining the events.
- No

My license has been disciplined in another state or jurisdiction.

- Yes – Please submit a copy of the discipline.
- No

I am currently in good physical and mental health.

- Yes
- No

I am currently active duty military.

- Yes
- No

I am currently spouse of active duty military.

- Yes
- No

I affirm that the statements given in this application are true and correct and that I have complied with all reinstatement requirements.

Signature

Date

Mail To:

**Tennessee Board of Nursing
665 Mainstream Drive
Nashville, TN 37243**

615-532-5166 or 1-800-778-4123



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 DEPARTMENT OF HEALTH
 BUREAU OF HEALTH LICENSURE AND REGULATION
 OFFICE OF HEALTH RELATED BOARDS
 665 MAINSTREAM DRIVE
 NASHVILLE, TN 37243
tn.gov/health
 615-532-5166 or 800-778-4123
 Fax 615 741-7899

DECLARATION OF PRIMARY STATE OF RESIDENCE

NAME: _____ SS#: _____

ADDRESS: _____

City State Zip Code Home/Cell Telephone Number

RN/LPN TN license # _____ DATE OF BIRTH: _____

___ YES ___ NO Are you currently active duty military?
 If YES, provide Leave and Earning Statement (LES)

___ YES ___ NO Are you currently a federal government employee?

In accordance with: the Nurse Practice Act, Tennessee Code, Chapter 63-7 part 301-304 (Nurse Licensure Compact), I declare the State of _____ as my primary state of residence and that such constitutes my permanent and principal home for legal purposes. **Please include one of the forms below to show evidence of primary state of residence:**

- a. A driver's license with a home address
- b. Voter registration card displaying a home address
- c. Federal income tax return declaring the primary state of residence:
- d. Military Form DD2058, State of Legal Residence Certificate, or Military form DFAS 702 Defense Finance and Accounting Service Military Leave and Earning Statement.

I intend to practice in the state(s) of: _____

I affirm that this completed form and any submitted materials contain no willful misrepresentation and that the information is true and complete to the best of my knowledge.

Sign here to affirm: _____ Date: _____



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243**

**DECLARATION OF CITIZENSHIP
MUST ACCOMPANY ALL APPLICATIONS FOR INITIAL LICENSURE OR REINSTATEMENT OF LICENSURE**

The "SAVE Act" requires Tennessee Department of Health (including all Boards, Commissions, and contractors), along with every local health department in the State, to verify that *every adult* applicant for a professional license is either a U.S. citizen, a "qualified alien," or a nonimmigrant who meets the requirements set out at 8 U.S.C. 1621.

I am a (n) _____	Healthcare Profession (Please Print)	License number if applicable
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Declaration of Citizenship must be completed, page 2 notarized by a notary, and the required documentation attached.

Please Print Legibly

1. Name: _____

Last
First
Middle
Maiden_
2. Mailing Address: _____
3. Phone Number: Home: (____) ____-____ Office: (____) ____-____ Fax: (____) ____-____
4. I am a United States Citizen: ___Yes ___No
5. I am a foreign national not physically present in the United States ___Yes ___No. If you answered yes, to this question please sign this form in the presence of a notary and return it with your application. No further documentation is required.
6. Applicants Claiming United States Citizenship **MUST** submit **one** of the following **to the Board**:
 - a) A valid Tennessee Driver's License, or photo ID issued by Department of Safety. **(Front Only)**
 - b) A valid driver license or ID issued by another state provided its issuance requirements meet Department of Safety criteria.
 - c) An official birth certificate issued by a U.S. state, territory, or other jurisdiction. Puerto Rican birth certificates issued before July 1, 2010 do not count.
 - d) A federally issued birth certificate.
 - e) A valid, unexpired U.S. passport.
 - f) A report of birth abroad of a U.S. citizen.
 - g) A certificate of citizenship.
 - h) A certificate of naturalization.
 - i) A U.S. citizen ID card.
 - j) Any successor document to #'s a-i above.
 - k) SSN that the entity or local health department may verify with the Social Security Administration in accordance with federal law.

Please submit a **copy** of one of the above not the original document.

7. If you checked "No" in question 4 please indicate from the list below which category applies to you:
(You must circle one)
- a) Permanent Residents
 - b) A nonimmigrant applicant for a professional or commercial license whose visa for entry into the United States is related to such employment, or a nonimmigrant under the Immigration and Nationality Act (8 U.S.C. 1101 *et seq.*).
 - c) Asylees who meet the qualifications set out in 8 U.S.C. 1158
 - d) Refugees who meet the qualifications set out in 8 U.S.C. 1157
 - e) Persons who have been "paroled into the United States," under 8 U.S.C. 1182(d) (5) or whose deportation has been withheld under 8 U.S.C. 1253.
 - f) Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980
 - g) Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a) (7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
 - h) An alien who has been "battered" or subjected to "extreme cruelty" by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c) (2) and (3), victims' children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming **qualified alien status** (question 7 above), please submit two of the following forms of "documentation of identity and immigration status" as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status are listed below. (Note: If you can provide only one document, your status will be verified through the U.S. Department of Homeland Security's SAVE program):

The Tennessee Board of Nursing does not have a contract with the SAVE Program therefore you must submit two of the following forms of "documentation of identity and immigration status."

I-327 (Reentry Permit)

I-551 (Permanent Resident Card or "Green Card")

I-571 (Refugee Travel Document)

I-766 (Employment Authorization Card)

Machine Readable Immigrant Visa (with Temporary I-551 language)

Temporary I-551 stamp (on passport or I-94)

I-94 (Arrival/Departure record)

Unexpired foreign passport

WT/WB Admission Stamp in unexpired foreign passport

I-20 (Certificate of Eligibility for Nonimmigrant F (1) student status- "student visa")

DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

AFFIDAVIT

I affirm under the penalty of perjury that the above is true and correct.

 Applicant Signature

Sworn to before me this _____ day of _____, 20_____.

AFFIX SEAL HERE

NOTARY PUBLIC SIGNATURE

My Commission Expires: _____

If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee's False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee's False Claims Act. Upon discovery of an applicant's false, fictitious, or fraudulent claim of U.S. citizenship, state governmental entities and local health departments must also file a criminal complaint with the United States Attorney.