



STATE OF TENNESSEE  
 DEPARTMENT OF HEALTH  
 HEALTH RELATED BOARDS  
 TENNESSEE BOARD OF NURSING  
 665 MAINSTREAM DRIVE  
 NASHVILLE, TENNESSEE 37243  
 (800) 778-4123, ext. 5325166 or (615) 532-5166

ADVANCED PRACTICE NURSE  
 NOTICE AND FORMULARY

Advanced Practice Nurse Name \_\_\_\_\_ TN Advanced Practice Nurse License Number \_\_\_\_\_

\*Advanced Practice Nurse DEA Number \_\_\_\_\_ TN or Multistate Registered Nurse License Number \_\_\_\_\_

Delete Supervising Physician(s): \_\_\_\_\_ Delete Practice/Clinic(s): \_\_\_\_\_

(If more space is needed for deletions please attach additional sheets)

Check the category of legend drugs the APN is authorized to prescribe: (\*must have own DEA number to prescribe Schedule's II-V)

\_\_\_\_\_ Non controlled legend drugs

\_\_\_\_\_ Controlled legend drugs including:

- \_\_\_\_\_ Schedule II
- \_\_\_\_\_ Schedule III
- \_\_\_\_\_ Schedule IV
- \_\_\_\_\_ Schedule V

Initial or adding a new practice site(s) & Supervising Physician(s):

\_\_\_\_\_ Name of Practice/Clinic

\_\_\_\_\_ Name of Practice/Clinic

\_\_\_\_\_ Site Address

\_\_\_\_\_ Site Address

\_\_\_\_\_ Supervising Physician Printed Name

\_\_\_\_\_ Supervising Physician Printed Name

\_\_\_\_\_ Supervising Physician Signature

\_\_\_\_\_ Supervising Physician Signature

\_\_\_\_\_ DEA Number

\_\_\_\_\_ DEA Number

\_\_\_\_\_ MD/DO License Number

\_\_\_\_\_ MD/DO License Number

**Attestation**

I, \_\_\_\_\_ attest that the information contained in this application is true and correct.  
 Print Name

Return original to: Tennessee Board of Nursing  
 665 Mainstream Drive  
 Nashville, TN 37243

\_\_\_\_\_  
 Signature of Advanced Practice Nurse/Date

**NOTE: Mandatory Practitioner Profile will be updated based on receipt of this Notice & Formulary**