

For Official Use Only

___1606 - \$25 ___3202 - \$25
___2483 - \$25 ___2984 - \$25
___2483 - \$10



**State of Tennessee
Board of Medical Examiners
665 Mainstream Drive
Nashville, TN 37243
(615) 532-3202, ext. 532-4384 or (800) 778-4123. ext. 532-4384**

REQUEST FOR DUPLICATE OR REPLACEMENT LICENSE

Check Applicable Profession

___Medical Doctor ___Polysomnography Technologist or Technician
___Acupuncture/ADS ___Clinical Perfusionist

Check Applicable Document

___Renewal Certificate (no fee) ___Wall License (\$25 except \$10 for ADS)

I _____
Print Name in Full

of _____
Street Address City State Zip Code

am licensed to practice the above profession pursuant to license number: _____

I hereby request a duplicate or replacement license and remit herewith the fee required by the rules and regulations that govern the practice of my profession.

Licensee Signature

Date