



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
OFFICE OF HEALTH RELATED BOARDS  
**TENNESSEE ELECTROLYSIS REGISTRY**  
665 MAINSTREAM DRIVE, 2<sup>nd</sup> FLOOR  
NASHVILLE, TENNESSEE 37243  
[www.tn.gov/health](http://www.tn.gov/health)

**Local (Nashville Calling Area) 615-532-5090**  
**Nationwide (toll free) 1-800-778-4123 Ext. 5325090**

Dear Applicant:

Thank you for your request for licensure as an Electrologist or an Instructor. In response to your request, this packet contains information relative to obtaining licensure as an Electrologist or an Instructor in Tennessee.

The requirements for application are supported by board rules and regulations and T.C.A. 63-26-101 et. seq. Please read the instructions, rules and regulations, and statutes carefully prior to applying. **Application fees are non-refundable and all documents submitted to the Registry become a part of your file and are not returnable.** It is suggested that documents listed in the instructions and checklist, which will be sent by a third party, be requested upon receipt of this packet.

Upon initial review, if your application is incomplete or the supporting materials have not arrived in our office, a deficiency letter will be sent to you by certified mail or by email. **You will have sixty (60) days from the date of receipt to correct the deficiency or the file will be closed.** Should you desire credentialing by the Registry at a later date, you will be required to reapply.

It is the applicant's responsibility to keep the Registry notified whenever a change of name or mailing address occurs. Such notification must be in writing, and you must reference your profession and the Registry in your correspondence. A change of name request must be notarized and the reason for the change must be indicated in the request.

This application packet has been designed so that you can complete and submit your application on a step-by-step basis.

**PLEASE READ ALL THE MATERIALS AND INSTRUCTIONS CAREFULLY BEFORE BEGINNING.**

Every effort will be made to keep you informed, in writing, of the status of your application and to process your application in a timely, efficient manner. We look forward to licensing you as an Electrologist in Tennessee.

## **Applicant Instructions**

### **Applicant by Exam:**

1. Complete the application package in its entirety.
2. Submit a recent, signed passport photograph taken within the preceding twelve (12) months.
3. Determine the correct amount of fees to be paid according to the fee schedule. Attach check or money order for the proper amount, made payable to the State of Tennessee.
4. Education:
  - a. You must submit official copy of high school diploma or proof of equivalent recognized education.
  - b. General Education Course Work: submit official transcript directly to administrative office from the college or university. Transcripts issued to the student will not be accepted.
  - c. Provide proof of successful completion of an Electrology education program approved by the Commissioner. The Electrology training curriculum must consist of at least 600 hours (175 theory and 425 clinical practice) and must have been completed within twelve (12) months from the date started and prior to taking the AEA or SCMHR examination. Evidence of completion of the Electrology Program must be furnished directly from the Electrologist Training School to the administrative office by an original on the school's letterhead and signed by the program director verifying the applicant has successfully completed the school's course of study.
5. Submit passing scores from the AEA or SCMHR Exam. Scores must be submitted directly to the administrative office from AEA or SCMHR.
6. All applicants must complete, sign and have notarized the Declaration of Citizenship form and attach the documents required by the Declaration of Citizenship. The Declaration is online at <https://www.tn.gov/content/dam/tn/health/healthprofboards/PH-41833.pdf> and must be attached to this application before submission.
7. 6. Request to be provided to the Administrative Office two (2) two original letters of recommendation showing evidence of good moral character. Such evidence shall be two recent (within the preceding 12 months) original letters on the signatory's letterhead. Letters cannot be from a relative, Electrology instructor, or dermatologist who provided Electrology training.
8. Verification of license or certifications held in any other state or profession must be sent directly to the administrative office.
9. Complete the mandatory criminal background check using the appropriate OCA code. To obtain instructions for a criminal background check, go to: <https://www.tn.gov/content/tn/health/health-professionals/criminal-background-check/oac-codes.html>.

### **Limited License Applicant:**

1. Complete the application package in its entirety.
2. Submit a recent, signed passport photograph taken within the preceding twelve (12) months.
3. Determine the correct amount of fees to be paid according to the fee schedule. Attach check or money order for the proper amount, made payable to the State of Tennessee.
4. You must submit official copy of high school diploma or proof of equivalent recognized education.
5. File a Notification of Training form with the Registry, at least ten (10) days prior to beginning the limited licensure training program.
6. Provide proof of successful completion of six hundred (600) hours of Electrology practice in the form of an original written statement from the supervising dermatologist that training was completed under the direct supervision of the board approved or board eligible dermatologist.
7. Pass the Electrology examination.
8. Complete a criminal background check. To obtain instructions for a criminal background check, go to [https:// www. tn. gov/ content/ tn/ heal th/ health - professionals/ criminal - background - check/ oac - codes. html](https://www.tn.gov/content/tn/health/health-professionals/criminal-background-check/oac-codes.html) .

### **Applicant by Reciprocity:**

1. Complete the application package in its entirety.
2. Attach a recent, signed passport photograph taken within the preceding twelve (12) months.
3. Determine the correct amount of fees to be paid according to the fee schedule. Attach check or money order for the proper amount, made payable to the State of Tennessee.
4. Education:
  - a. Submit official copy of high school diploma or proof of equivalent recognized education.
  - b. General Education Course Work: submit official transcript directly to administrative office from the college or university. Transcripts issued to the student will not be accepted.
  - c. Submit passing scores from AEA or SCMHR Exam. Scores must be submitted directly to the administrative office from AEA or SCMHR.
5. You must submit evidence that you hold a valid, unrestricted license in another state which has license requirements that are substantially equivalent to those of Tennessee. Each state must submit the verification of certification, license or permit directly to Tennessee.
  6. Provide adequate evidence that the Electrology license held in another state was obtained after passing an examination which is substantially equivalent to the AEA or SCMHR examination.
  7. Request to be provided to the Administrative Office two (2) two original letters of recommendation showing evidence of good moral character. Such evidence shall be two recent (within the preceding 12 months) original letters on the signatory's letterhead. Letters cannot be from a relative, Electrology instructor, or dermatologist who provided Electrology training.
  8. Complete and submit the mandatory practitioner profile questionnaire. For instructions, go to <https://www.tn.gov/content/dam/tn/health/healthprofboards/PH-3585.pdf>
  9. Complete the mandatory criminal background check using the appropriate OCA code. To obtain instructions for a criminal background check, go to: <https://www.tn.gov/content/tn/health/health-professionals/criminal-background-check/oca-codes.html>.

### **Instructor Applicant:**

1. Complete the application package in its entirety.
2. Attach a recent, signed passport photograph taken within the preceding twelve (12) months.
3. Determine the correct amount of fees to be paid according to the fee schedule. Attach check or money order for the proper amount, made payable to the State of Tennessee.
4. You must hold a valid or unrestricted Electrology license in Tennessee.
5. Provide an affidavit or evidence of practicing for at least five (5) of the last ten (10) years prior to application.
6. Education:
  - a. General Education Course Work: submit official transcript from an accredited college or University directly to the Administrative Office. Transcripts issued to the student will not be accepted.
  - b. Submit passing scores from the AEA or SCMHR Exam. Scores must be submitted directly to the administrative office from AEA or SCMHR.
7. Request to be provided to the Administrative Office two (2) two original letters of recommendation showing evidence of good moral character. Such evidence shall be two recent (within the preceding 12 months) original letters on the signatory's letterhead. Letters cannot be from a relative, Electrology instructor, or dermatologist who provided Electrology training.
8. Verification of license or certifications held in any other state or profession must be sent directly to the administrative office.



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**ELECTROLOGIST BY  
 EXAMINATION APPLICANTS/  
 LIMITED LICENSE**

3856/001	\$300.00
3856/001	\$200.00
3856) 006	\$ 10.00
	\$ 510.00

<b>RECIPROCITY APPLICANTS</b>	
3856) 001	\$ 300.00
3856) 001	\$ 300.00
3856) 006	\$ 10.00
	\$ 610.00

<b>INSTRUCTOR APPLICANTS</b>	
3856) 001	\$ 350.00
3856) 001	\$ 200.00
3856) 006	\$ 10.00
	\$ 560.00

**APPLICATION FOR LICENSE**

Please select **one** licensure method from the following:

- Electrologist /Examination
 Electrologist /Reciprocity
 Electrology/ Instructor
 Limited/License

Name: \_\_\_\_\_  
 First Middle Last Maiden

Mailing Address: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Home Phone : ( ) \_\_\_\_\_ Business Phone : ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Sex\*:  Male  Female Race: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Do you wish to receive notification, including renewal notification, from the Department of Health via email? Please note, by opting in, all correspondence from the Department of Health will be delivered to the email address on file for you. You will no longer receive physical mail from our office.  YES  NO

U.S. Citizen:  YES  NO *All applicants must complete the Declaration of Citizenship form.*

Entitled to Live and Work in the U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a member of the U.S. armed forces who has, within the preceding 180 days, retired from the armed forces, received any discharge other than a dishonorable discharge from the armed forces, or been released from active duty to a reserve component of the armed forces? (If yes, please provide proof of status.) Yes \_\_\_\_\_ No \_\_\_\_\_

Are you the spouse of a member of the armed forces who has been transferred by the military to Tennessee or who has, within the preceding 180 days, retired from the armed forces, received a discharge other than a dishonorable discharge from the armed forces or been released from active duty to a reserve component? (If yes, please provide proof of same.) Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been known by any other names besides what is listed above? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please state in full every other name by which you have been known, the reason therefore, and inclusive dates so known: \_\_\_\_\_

Have you ever applied for an Electrology license in Tennessee? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever taken the National Certification Examination administered by AEA OR SCME?  YES  NO  
 If yes, date of examination: \_\_\_\_\_ and request verification is sent to the Registry from the examining agency.

Have you ever failed an Electrology licensure examination? Yes \_\_\_\_\_ No \_\_\_\_\_

You must put your social security number on this form for the application to be complete. State and federal law require social security numbers on this application. Tenn. Code. Ann. § 36-5-1301(a), as authorized by 42 U.S.C. § 405(c)(2)(C)(i). The number will be used to verify your identity, to ask questions about your financial responsibility, and for any other purpose allowed by state or federal law. When you provide your social security number on this application and sign the form, you are agreeing that Department of Health may use your social security number in furtherance of federal and state law, for example, to collect delinquent fees.

## Employment History

List in chronological order a brief description of your work experiences. Include dates, locations and specific duties.

Current Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Major responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Previous Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Major responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Previous Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Major responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EDUCATION  
HISTORY**

Name of High School and Location

Dates Attended

Certificate or Degree

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Name of College and Location

Dates Attended

Certificate or Degree

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Name of School of Electrology  
and Location

Dates Attended

Certificate or Degree

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**LICENSURE  
HISTORY**

List below all states in which you have ever been or currently are licensed (in any profession). If you have not previously been licensed, mark this section N/A. Submit a copy of Attachment 1 to all states regarding such licensure. Verification must be sent directly to the Tennessee Electrolysis Registry from each State Licensure Board office.

State

License Number

Date Issued

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# COMPETENCY INFORMATION

## PLEASE ANSWER THE FOLLOWING QUESTIONS:

If you answer "yes" to any of the questions in this part, you must supplement your affirmative response with a thorough explanation on a separate page. IN SUPPORT OF YOUR EXPLANATION, THE FINAL DOCUMENTS OR ORDERS FROM THE ISSUING STATES, COURTS, AND/OR AGENCIES MUST BE SUBMITTED ALONG WITH THIS APPLICATION. Additional information may be requested and/or required before a licensure decision may be made.

For the purposes of these questions, the following phrases or words have the following meanings:

1. **"Ability to practice your profession"** is to be construed to include all of the following:
  - a. The cognitive capacity to make appropriate clinical diagnosis, exercise reasoned judgments, to learn, and keep abreast of developments in your profession;
  - b. The ability to communicate those judgments and information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
  - c. The physical capability to perform tasks and procedures, with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **"Medical condition"** includes physiological, mental or psychological conditions or disorders, such as, but not limited to; orthopedic, visual, speech and/or hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV, tuberculosis, drug addiction and alcoholism.
3. **"Minor Traffic Offense"** generally means moving and non-moving violations punishable by fines only and does not include offenses such as driving under intoxication or reckless driving.
4. **"Chemical substances"** is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
5. **"Currently"** does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee, or within the past two (2) years.
6. **"Illegal use of controlled substances"** means the use of controlled substances obtained illegally (e.g. heroin, or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or taken in accordance with the directions of a licensed health care practitioner.

**QUESTIONS: Please respond to ALL questions. If you answer "YES" to any question, please attach a written explanation.**

**YES NO**

- |  |       |       |
|--|-------|-------|
| 1. Do you currently have any physical or psychological limitations or impairments caused by an existing medical condition which are reduced or ameliorated by ongoing treatment or monitoring, or the field of practice, the setting or manner in which you have chosen to practice? | _____ | _____ |
| 2. Do you currently use any chemical substances which in any way impair or limit your ability to practice your Profession with reasonable skill and safety?<br>If so, please list: _____   | _____ | _____ |
| 3. At any time within the past two years, have you engaged in the illegal use of illicit or controlled substances?   | _____ | _____ |

*[If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, conditions should be imposed, or you are not eligible for licensure.]*

## COMPETENCY INFORMATION CONTINUED

**QUESTIONS: Please respond to ALL questions. If you answer "YES" to any question, please attach a written explanation.**

**YES    NO**

- |  |       |       |
|--|-------|-------|
| <p>4. Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you to assure that you do not consume alcohol and/or do not engage in the illegal use of illicit or controlled substances?</p>   | _____ | _____ |
| <p>5. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or other diagnosis of a predatory nature?</p>  | _____ | _____ |
| <p>6. Have ever held or applied for a license, privilege, registration or certificate to practice your profession in any state, country or province, that has been or was ever denied, reprimanded, suspended, restricted, revoked, or otherwise disciplined, curtailed or voluntarily surrendered under threat of investigation or disciplinary action?</p> | _____ | _____ |
| <p>7. Have ever had staff privileges at any hospital or health care facility have they ever been revoked, suspended, curtailed, restricted, limited or otherwise disciplined or voluntarily surrendered under threat of restriction or disciplinary action?</p>  | _____ | _____ |
| <p>8. Have you ever applied for or held a state or federal controlled substance certificate that was ever denied, revoked, suspended, restricted, voluntarily surrendered or otherwise disciplined or surrendered under threat of restriction or disciplinary action?</p>  | _____ | _____ |
| <p>9. Have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony or a misdemeanor (other than a minor traffic offense) whether or not sentence was imposed or suspended?</p>   | _____ | _____ |
| <p>10. Have you ever been rejected or censured by a professional society?</p>  | _____ | _____ |
| <p>11. Have ever held a license, registration, privilege or certificate in any health care profession, that has ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action in any jurisdiction?</p>  | _____ | _____ |
| <p>12. In relation to the performance of your professional services in any profession:</p>   |       |       |
| <p>a. Have you ever had a final judgment rendered <u>against</u> you; or</p>   | _____ | _____ |
| <p>b. Have you ever had settlement of any legal action rendered <u>against</u> you; or</p>   | _____ | _____ |
| <p>c. Are there any legal actions pending <u>against</u> you or to which you are a party?</p>  | _____ | _____ |
| <p>13. My name has been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry or an abuse registry in another state)</p>  | _____ | _____ |
| <p>14. Do you have any pending disciplinary charges or action or any current investigation by any disciplinary authority?</p>  | _____ | _____ |



**APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT**

**AFFIDAVIT AND RELEASE**

I, \_\_\_\_\_, of \_\_\_\_\_,  
*(Applicant's Name)* *(City)* *(State)*

being duly sworn and identified as the person referred to in this application attest to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations regarding the practice of my profession, which are posted on the Registry's Internet site and/or were provided to me by the Registry office, and agree to abide by them in the practice of my profession in the State of Tennessee.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Registry may find necessary, which may include an interview.

RELEASE to the Registry, its staff and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice in my profession.

AUTHORIZE the Registry, its staff and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

RELEASE from liability the Registry, its staff and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character and/or other qualifications, for registration.

ACKNOWLEDGE that I, as an applicant for registration, have the burden of producing adequate information for a proper evaluation of my professional, ethical and other qualifications and for resolving any doubts about such qualifications.

AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

This certifies that the information submitted by me in this application is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**



**STATE OF TENNESSEE**  
**DEPARTMENT OF HEALTH**  
**DIVISION OF HEALTH LICENSURE AND REGULATION**  
**OFFICE OF HEALTH RELATED BOARDS**  
**TENNESSEE ELECTROLYSIS REGISTRY**  
 665 MAINSTREAM DRIVE, 2<sup>nd</sup> FLOOR  
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[www.tn.gov/health](http://www.tn.gov/health)

**ELECTROLOGY TRAINING VERIFICATION**

Complete Part A of this form and mail to the Electrology School where you obtained training. (You are authorized to photocopy this form.)

**Part (A) – Must Be Completed By The Applicant**

I am applying for licensure as an Electrologist in the state of Tennessee. I completed the Electrolysis training at your facility on\_\_\_\_\_. The Tennessee Electrolysis Registry requires that verification of my training to be submitted directly from the school to the Tennessee Registry. You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Tennessee Registry.

Printed Name:\_\_\_\_\_

Signature: \_\_\_\_\_ Date:\_\_\_\_\_

**Part (B) – Must Be Completed By The Electrolysis School Director**

I, \_\_\_\_\_, certify that the above named individual was enrolled at the school of \_\_\_\_\_, beginning date \_\_\_\_\_ ending date \_\_\_\_\_ and has completed the required Electrology training as indicated by 600 course hours:

**Electrology Theory**

**Theory Practical Hours**

General Orientation	_____
History of Electrolysis	_____
School Program/School Rules	_____
State Law, Regulations, Ethics	_____
Supplies	_____
Causes of Hair Problems	_____
Structure of Hair and Skin	_____
Neurology and Antilogy	_____
Microbiology, Bacteriology and disinfecting, Hygiene	_____
Principles of Electricity and equipment	_____
Modalities of Electrolysis	_____
General Treatment Procedures	_____
Development of a Practice	_____
<b>Total Theory Hours:</b>	<b>_____</b>

**Clinical Experience**

**Clinical Hours**

Draping and Positioning	_____
Legs	_____
Arms	_____
Face	_____
Torso	_____
<b>Total Clinical Hours:</b>	<b>_____</b>
<b>Total Training Hours:</b>	<b>_____</b>

**Remarks:**

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Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Return directly to:**

**Tennessee Electrolysis Registry  
665 Mainstream Drive, 2<sup>nd</sup> Floor  
Nashville, TN 37243**



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH LICENSURE AND REGULATION  
OFFICE OF HEALTH RELATED BOARDS  
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**EDUCATION VERIFICATION**

**APPLICANT:** Supply the information requested in this box and then mail this entire form to the school at which you completed your educational program.

**NOTE:** Some schools require a fee, so please contact the institution before mailing this form so that you can attach the required fee.

**TO WHOM IT MAY CONCERN:**

I am applying for a license or limited permit to practice as an Electrologist in the State of Tennessee. The Electrolysis Registry requires verification of educational attainment. Please forward an original transcript showing degree awarded and bearing the institution's official seal to the Registry's address below.

Applicant's Full Name: \_\_\_\_\_  
(First) (Middle/Maiden) (Last)

Applicant's Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant's Student Identified Number: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Degree Conferred: \_\_\_\_\_ Date Degree Conferred: \_\_\_\_\_

Please forward an original graduate transcript bearing the institution's official seal to:

**Tennessee Electrolysis Registry  
665 Mainstream Drive, 2<sup>nd</sup> Floor  
Nashville, TN 37243**

Thank you for your cooperation and prompt response.

\_\_\_\_\_ Applicant's Signature

\_\_\_\_\_ Date



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**VERIFICATION FROM OTHER STATE CERTIFICATION BOARDS**

**APPLICANT:** Please provide the information requested in the top box and then mail one form to the certification board for **each** state where you **hold or have ever held** a certificate/license/permit to practice **any** profession. (Copies of this form can be used.)

**NOTE:** Some states require a fee for providing clearance information. To expedite your application, please contact the applicable state(s) to inquire about required fees.

**To Be Completed By Applicant (Please Print In Ink)**

I, the undersigned applicant, was granted a (**circle one**) license/certificate/permit to practice \_\_\_\_\_  
(Profession)

with (**check one**)  License  Certificate  Permit

Number \_\_\_\_\_ on \_\_\_\_\_, In the State of \_\_\_\_\_.  
Date

The Tennessee Electrolysis Registry requests that I submit evidence of the current status of that license/certificate/permit in your state. You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Tennessee Electrolysis Registry.

Applicant's printed name: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed By Administrative Office of State Certification Board**

Name In Full As It Appears On License/Certificate or Permit:

\_\_\_\_\_  
(First) (M.I.) (Last)

License/Certificate/Permit Number: \_\_\_\_\_ Profession: \_\_\_\_\_

State: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Basis of issuance: (**check one**)

Endorsement/Reciprocity with \_\_\_\_\_  
(State)

Written Examination \_\_\_\_\_  
(Name of Exam)

Is the license/certificate/permit currently active and registered?  YES  NO

Is there any derogatory information on file?  YES  NO

If yes, please attach supporting documentation.

\_\_\_\_\_  
Authorized Signature Title Date



**STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
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) _____	_____
<b>Healthcare Profession (Please Print)</b>	<b>License number if applicable</b>

**Please Print Legibly**

Name: \_\_\_\_\_  
Last First Middle Maiden

Mailing Address: \_\_\_\_\_

Phone Number: Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Office: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I am a United States Citizen:  Yes  No

Applicants Claiming United States Citizenship **MUST** provide one of the following:

1. Tennessee Driver's License, or photo ID issued by Department of Homeland Security.
2. A valid driver license or ID issued by another state, provided its issuance requirements meet Department of Homeland Security criteria.
3. 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.
4. A federally issued birth certificate.
5. A valid, unexpired U.S. passport.
6. A report of birth abroad of a U.S. citizen.
7. A certificate of citizenship.
8. A certificate of naturalization.
9. A U.S. citizen ID card.
10. Any successor document to #'s 4-9 above.
11. SSN that the entity or local health department may verify with the Social Security Administration in accordance with federal law.

**If you checked "No" please indicate from the list below which category applies to you:**

\_\_\_\_\_ Permanent Residents

\_\_\_\_\_ 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.).

- \_\_\_\_\_ Foreign nationals not present in the United States seeking the issuance or renewal of a professional license.
- \_\_\_\_\_ Asylees who meet the qualifications set out in 8 U.S.C. 1158
- \_\_\_\_\_ Refugees who meet the qualifications set out in 8 U.S.C. 1157
- \_\_\_\_\_ 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.
- \_\_\_\_\_ Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980
- \_\_\_\_\_ 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.
- \_\_\_\_\_ 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**, please submit one or more 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:

- 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)

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

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 .

\_\_\_\_\_  
Signature

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 .

\_\_\_\_\_  
NOTARY PUBLIC

AFFIX SEAL HERE

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.**