



For Office Use Only
1907-001 \$400.00
1907-006 \$5.00

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243**

**TENNESSEE BOARD OF OSTEOPATHIC EXAMINATION
(615) 532-3202 or 1-800-778-4123**

APPLICATION FOR A SINGLE PURPOSE LICENSE AS AN OSTEOPATHIC DOCTOR

Instructions:

- Attach to this application a check or money order for \$405.00, payable to the Tennessee Board of Osteopathic Physicians.
- Complete and submit along with your application the Practitioner Profile Questionnaire which is online at <https://www.tn.gov/content/dam/tn/health/healthprofboards/PH-3585.pdf>. You are required by law update your profile within 30 days of any change as long as you have an active license. Failure to do so may subject you to disciplinary action.
- Applicants for initial licensure must obtain a Criminal Background Check. Instructions can be found here: <http://tn.gov/health/article/CBC-instructions>.
- All applicants must complete, sign and have notarized the Declaration of Citizenship form and submit the documents required by the Declaration of Citizenship form. The Declaration of Citizenship is available online at <https://www.tn.gov/content/dam/tn/health/healthprofboards/PH-41833.pdf>
- This license is valid for a period of no more than ONE YEAR and is NOT renewable.

PERSONAL INFORMATION

Applicant's Name: _____
(First) (Middle and/or Maiden) (Last)

Date of Birth: _____ Social Security Number: _____ - _____ - _____
(Month) (Day) (Year)

Present Home Mailing Address: _____

Home Phone: (____) _____

Work Phone: (____) _____

Email address: _____

Do you wish to receive notification from the Department of Health via email? Y N

COMPETENCY INFORMATION

For the purposes of the questions below, 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 diagnoses, exercise reasoned medical judgments, to learn, and keep abreast of medical developments;
 - b. The ability to communicate those judgments and medical 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 professional tasks and procedures required of your profession, 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 including, but not limited to: orthopedic, visual, speech and/or hearing impairments, emotional or mental illness, specific learning disabilities, 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 the influence or while intoxicated 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 the application; rather, it means within the past two years or recently enough so that the use of drugs or alcohol or other medical conditions may have an ongoing impact on one's functioning as a physician.
6. **"Illegal use of illicit or controlled substances"** means the use of 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 not taken in accordance with the directions of a licensed health care practitioner.

Please respond to ALL questions. If you answer "YES" to any question, please attach a written explanation. Affirmative response requires final documents or orders from the issuing states, courts and/or agencies.

QUESTIONS:

YES NO

- | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|
| 1. The Board recognizes that licensees may suffer from potentially impairing health conditions, just like their patients, including psychiatric illnesses, physical illnesses which may impact cognition, and substance use disorders. The Board expects its licensees to properly address their health concerns, in order to ensure patient safety. Licensees should seek appropriate medical care and should limit their medical practice, when appropriate. The Board encourages licensees to utilize the services of the Tennessee Medical Foundation, a confidential resource which provides advocacy for licensees who may suffer from potentially impairing illnesses. (www.e-tmf.org) The failure of a licensee to adequately address any health condition which may impair their ability to practice medicine with reasonable skill and safety to patients, may result in the board taking action against the license to practice medicine. I have read and understand this statement. | _____ | _____ |
| 2. Do you currently have any condition that is causing impairment that affects your ability to practice medicine with reasonable skill and safety in a competent, ethical and professional manner? (<i>You may answer no if you are being appropriately treated and are not impaired.</i>) | _____ | _____ |

**COMPETENCY INFORMATION
CONTINUED**

	YES	NO
3. Do you currently use any medications or substances (legal, OTC, prescribed or illicit) which in any way impairs or limits your ability to practice medicine with reasonable skill and safety in a competent, ethical and professional manner?	_____	_____
If so, please list: _____		
4. During the past two years, did you engage in any activity involving substances, either alcohol or controlled/illicit drugs, that impaired or limited your ability to practice medicine with reasonable skill and safety in a competent, ethical and professional manner? You may answer "NO" if you are being appropriately treated and are not impaired).	_____	_____
It should be noted, however, that if such activity is not revealed, but manifests at some later time in your career, the Board, in its role as the protector of the health, safety and welfare of people in the State of Tennessee, will be able to pursue a disciplinary action on your license.		
5. Have you ever been diagnosed as having or have you ever been treated for a paraphilia or other type disease of a predatory nature such as, but not limited to pedophilia, exhibitionism, voyeurism, etc.	_____	_____
6. Have you ever held or applied for a license or certificate in any state, country, or province, in any health care profession, that has been or was ever denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____
7. Have you ever had staff privileges at any hospital or health care facility that were ever revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action?	_____	_____
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?	_____	_____
9. Have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than a minor traffic offense) whether or not sentence was imposed or suspended?	_____	_____
10. Have you ever been rejected or censured by a medical society?	_____	_____
11. In relation to the performance of your professional services in any profession:		
a. Have you ever had a final judgment rendered against you;	_____	_____
b. Have you ever entered into any settlement of any legal action; or	_____	_____
c. Are there any legal actions pending against you or to which you are a party?	_____	_____
12. Are you currently under investigation by a licensing board?	_____	_____
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).	_____	_____

AFFIDAVIT AND RELEASE

I, _____, D.O., of _____
(Applicant's Name) (City) (State)

being duly sworn and identified as the person referred to in this application, attests 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 which were enclosed in the application packet and agree to abide by them in the practice of medicine in the State of Tennessee.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary which may include a full Board interview.

RELEASE to the Board, 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 medicine.

AUTHORIZE the board, 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 Board, 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 other qualifications for licensure.

ACKNOWLEDGE that I, as an applicant for licensure, 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.

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

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

Affix Seal Here

NOTARY PUBLIC

My Commission expires: _____

SPONSORSHIP INFORMATION

I, the undersigned am submitting this application for _____ to
(Applicant's Full Name)

practice medicine in Tennessee with a single purpose license.

I am enclosing the following documents with this application:

- 1. Verification that the applicant has a license in good standing in another state or country. That verification must have been received by you directly from the applicable state or country and not the applicant.
- 2. A letter from the sponsoring hospital and/or physician stating that the applicant is engaged in advanced study in a particular field of medicine or is demonstrating a new medical technique to medical professionals in Tennessee.
- 3. Verification of the applicant's credentials from the appropriate national specialty organization, or by the American Osteopathic Association, or a similar organization acceptable to the Tennessee Board of Osteopathic Examination.

Name and Address of Sponsoring Hospital:

Name, Title and Address of Sponsoring Physician:

(Please type or Print)

Sponsoring Physician's License Number:

Sponsoring Physician's Signature

Date

Submit this form and all necessary documentation to :

**Tennessee Board of Osteopathic Examination
665 Mainstream Drive
Nashville, TN 37243**

THIS LICENSE IS VALID FOR A PERIOD OF NO MORE THAN ONE YEAR AND IS NOT RENEWABLE!