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1606 - \$25 3202 - \$25
 2483 - \$25 2984 - \$25
 2483 - \$10



**State of Tennessee
Board of Medical Examiners
227 French Landing
Heritage Place Metro Center, Suite 300
Nashville, TN 37243
(615) 532-3202, ext. 24384 or (800) 778-4123, ext. 24384**

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