

PLEASE COMPLETE THIS FORM
AND RETURN WITH PHOTO:

A.P.N. License # _____
R.N. License # _____
L.P.N. License # _____

State of Tennessee
Health Related Boards
Tennessee Board of Nursing
227 French Landing, suite 300,
Heritage Place, Metro Center
Nashville, TN 37243
(615) 532-5166



TENNESSEE BOARD OF NURSING

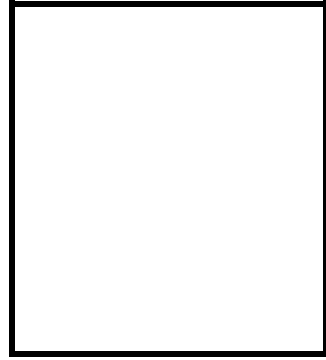
APPLICATION FOR DUPLICATE: **RENEWAL CERTIFICATE (WALLET CARD)** _____
WALL LICENSE _____
PERMIT _____

I _____
(First) (Middle) (Maiden) (Last)

the lawful possessor of the Lost _____ Stolen _____ Destroyed _____ Other _____ renewal certificate/permit
to practice nursing as a **ADVANCED PRACTICE NURSE** __ **REGISTERED NURSE** __ **PRACTICAL NURSE** __
in the State of Tennessee do hereby request a replacement of said license or permit.

Briefly explain reason/circumstance below:

Nursing School Attended _____
Year of Graduation _____
Social Security No. _____
Date of Birth _____



ATTACH PHOTO

(Legal Signature as Licensed) (Date)

PRESENT ADDRESS _____
(Street)

(City) (State) (Zip)

The person whose signature appears above has personally appeared before me and being duly sworn, states
that the statements made in this application are strictly true on this ____ day of _____, 20____.

COUNTY OF: _____
SS Notary's Name
STATE OF: _____
My Commission Expires:
SEAL _____

If renewal certificate is found, please return to Tennessee Board of Nursing.