



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

TENNESSEE BOARD OF ALCOHOL AND DRUG ABUSE COUNSELORS
(615) 741-5735 or (800) 778-4123 (Toll Free)

CLEARANCE FROM OTHER STATE LICENSURE BOARDS

APPLICANT: Please provide the information requested in the top portion and then mail one form to the licensure board in EACH state where you hold OR HAVE EVER HELD a license to practice any profession. (You may copy this form.)
NOTE: Some states require a fee for providing clearance information. To expedite your application, you may wish to contact the applicable state(s).

_____ was granted a license to practice _____
(Name of Applicant) (Profession)
with license number _____ on _____ in the State of _____
(Date)

The Board of Alcohol and Drug Abuse Counselors of Tennessee requests that I submit evidence of the current status of that license in your state. You are hereby authorized to release any information in your files, favorable or otherwise, directly to:

State of Tennessee
Board of Alcohol and Drug Abuse Counselors
665 Mainstream Drive
Nashville, TN 37243

Date: _____
Applicant's Signature _____
Applicant's typed or printed name _____

ADMINISTRATIVE OFFICE OF STATE LICENSURE BOARD, PLEASE COMPLETE:

Name In Full As It Appears On License: _____

License Number _____ Profession _____ Date Issued _____

Basis of issuance: _____ Endorsement/Reciprocity with _____
(Check One) (State)
_____ Written Examination _____
(Name of Exam)

Is the License currently active and registered? Yes _____ No _____
Is there any derogatory information on file? Yes _____ No _____ If yes, an explanation must be attached.

_____ Title _____ Date _____
Authorized Signature