



Tennessee Board of Medical Examiners:

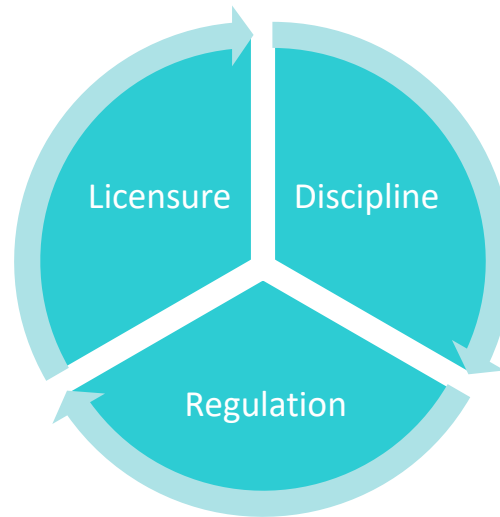
New Graduate Licensure Information

Part I:

Board of Medical Examiners

Who is the Board of Medical Examiners?

- Nine physician members and three consumer members appointed by the Governor to:
 - Examine the qualifications of all applicants for certification of fitness to practice medicine
 - Conduct disciplinary hearings
 - Make such rules and regulations as are necessary.



Duty of the Board

Protection of the health, safety and welfare of the public – the healthcare consumer.

The Board's duty is not to protect the interests of licensees or the profession.

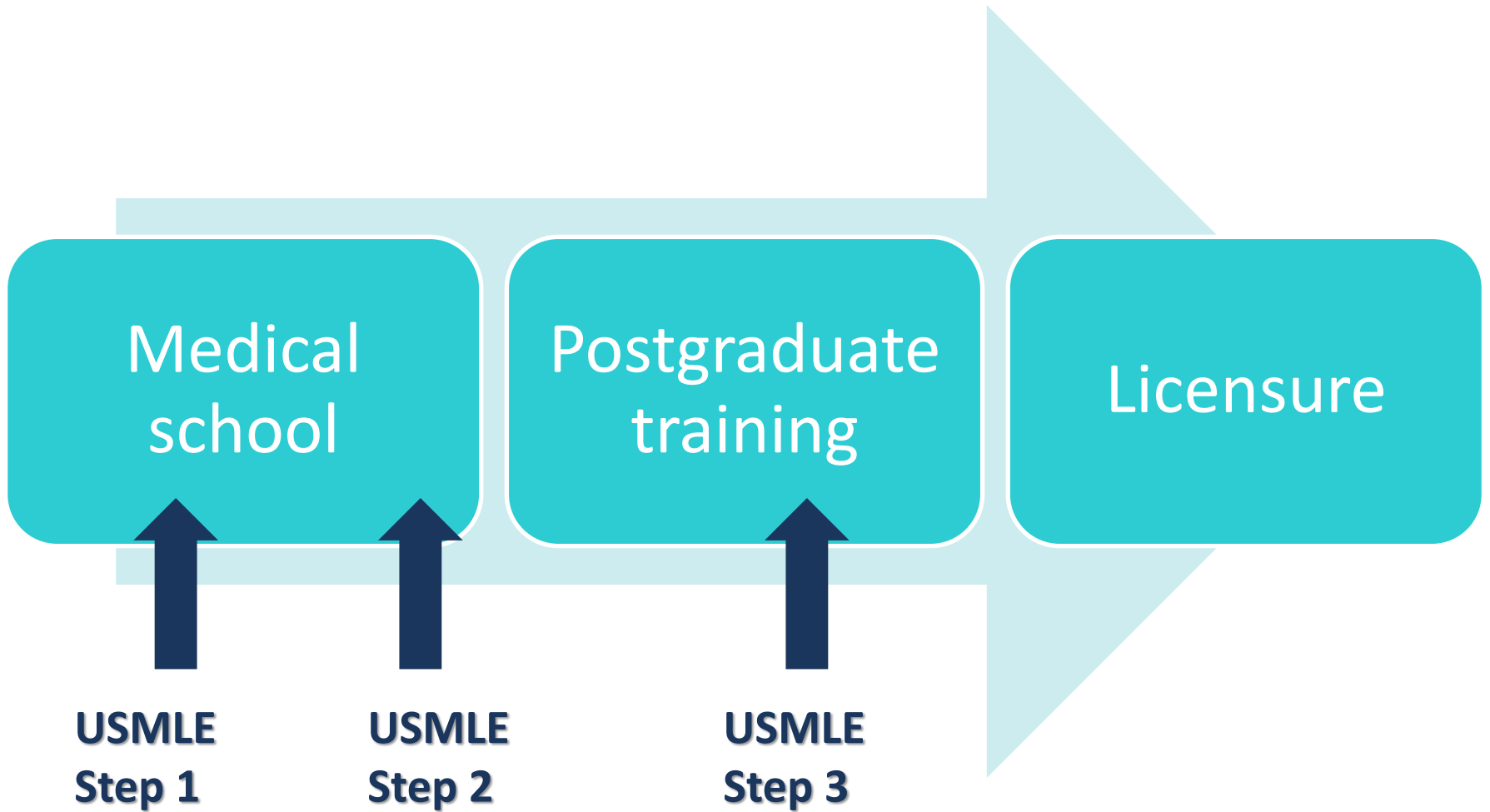
Some Central Tenets

- In every state of this country, it is unlawful to practice medicine without a valid medical license issued by that state's medical board. Doing so incurs penalties including fines or imprisonment.
- Obtaining your medical degree (MD or DO) does not qualify you to practice medicine in the United States. Only a medical license bestows this privilege.
- The only entities authorized to issue a medical license for the legal practice of medicine are the individual state medical boards.
- The practice of medicine occurs where the **patient** is located. Thus, physicians must hold a license from the medical board of the state where the patient is located.

Licenses Issued by the BME

- “Full” medical license
- Special training
- Locum tenens
- Single Purpose
- Distinguished faculty
- Special volunteer
- Pro bono
- Administrative
- Limited
- Temporary
- International Medical School Graduates
- Foreign Training License
- Graduate Physician License
- St. Jude License
- Short Term Clinical Visitor





Part II:

Applying for your Tennessee Medical License

Requirements for a Full & Unrestricted Medical License

- US medical school graduates
 - Graduation from a LCME accredited medical school
 - Successful completion of at least one year of an ACGME accredited training program
 - Completion of the USMLE within ten years of your first successful Step
 - 2 letters of recommendation
 - Proof of lawful presence in the United States
 - Completion of a criminal background check
 - The Board accepts FCVS Profiles for the following:
 1. Transcripts
 2. Post Graduate Training Verification
 3. Exam Scores
- Foreign medical school graduates
 - Must have completed a three year ACGME residency program

Qualifying Foreign Medical Schools

The school's admission standards must meet or exceed those of medical schools accredited by the Liaison Committee on Medical Education (LCME).

- Must be ECFMG Certified
- An international medical school student who has completed all but three (3) or less months of the three (3) year residency program required may be allowed to apply for licensure if all other requirements are met and the director of the residency program submits a letter attesting to the applicant's satisfactory performance in and anticipated successful completion of the residency. However, no license shall be approved or issued until the requirements are met

Public Chapter 929

- Went into effect January 1, 2025
- Successfully completed all three (3) steps of the USMLE examination;
- Demonstrated competency as determined by the Board;
- Completed a postgraduate training program of a minimum of three (3) years in the graduate's licensing country;
- Practiced as a physician for the last three (3) years outside of the United States;
- Must have, and submit, an offer of employment as a physician at a healthcare provider that operates in Tennessee that has a post-graduate training program in place accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Licensure Exemptions

The program director or dean responsible for the training program generates a list of all program participants.

- List must include each participants name, SSN and date of birth.
- Names of all physicians licensed in Tennessee who will have supervisory responsibility for the applicant

Not required:

- Completion of a residency or training program
- Completion of the licensure examination

Applying Online - <https://lars.tn.gov>

Licensure and Regulatory System

[Contact Us](#)

Returning User

* * are required.

*User ID:

*Password:

Sign In

[Forgot Password/User ID?](#)

New User

Begin Here For Sign-up



You must create an online account even if you already use e-Services. Your online account is separate from your e-Services account.



[Frequently Asked Questions](#)

⚠ The email domains below may not be supported by LARS. Please add LARS@tn.gov to your Address Book, Contacts and/or SafeSendersList before signing up to avoid any communication delays.

- @outlook.com
- @hotmail.com
- @live.com
- @aol.com

If submitting transcripts by mail, please ask your school to mail your transcripts to the address below:

Division of Health Licensure and Regulation
665 Mainstream Drive, Second Floor
Nashville, TN 37243

Sign-up and manage your licenses

Welcome to LARS the Tennessee Department of Health online Licensure and Regulatory System. If you are a new user please sign up using the link to the left. If you are an existing user, sign in using your credentials.

⚠ If you have forgotten your user ID or password, select the appropriate link on the left-hand side of your screen to recover your account. If you have forgotten or do not know the email address used to create your account, you will need to call your board to update or retrieve your email address. **Please do not create a new account.**

⚠ To avoid a delay in submitting your payment, please allow pop-up windows

For optimal performance and to avoid a delay in submitting your payment, we recommend using the latest version of one of the following browsers:

- Microsoft Edge
- Chrome
- Firefox
- Safari

Application Processing

- Once your application has been submitted online, the administrator will review your application. Please allow 7-10 business days for this review to happen.
- Once complete, the administrator will reach out to you via email with any deficiencies found in your application.
- The email you receive is generic. You can log into your LARS account and review your deficiencies.
- Once you have logged into your account you should see the Quick Start menu.
- Scroll to the “View Application Status” section and click details.

Quick Start Menu

To start choose an option and you will return to this Quick Start menu after you have finished.

License Information

No License Information Available

Applicant Activities

EMR #21431	<Select Application> ▾	Select
Medical Doctor #73369	<Select Application> ▾	Select

Start a New Application or Take an Exam

What are you applying for?

<Select Board> ▾	
<Select Application> ▾	Select

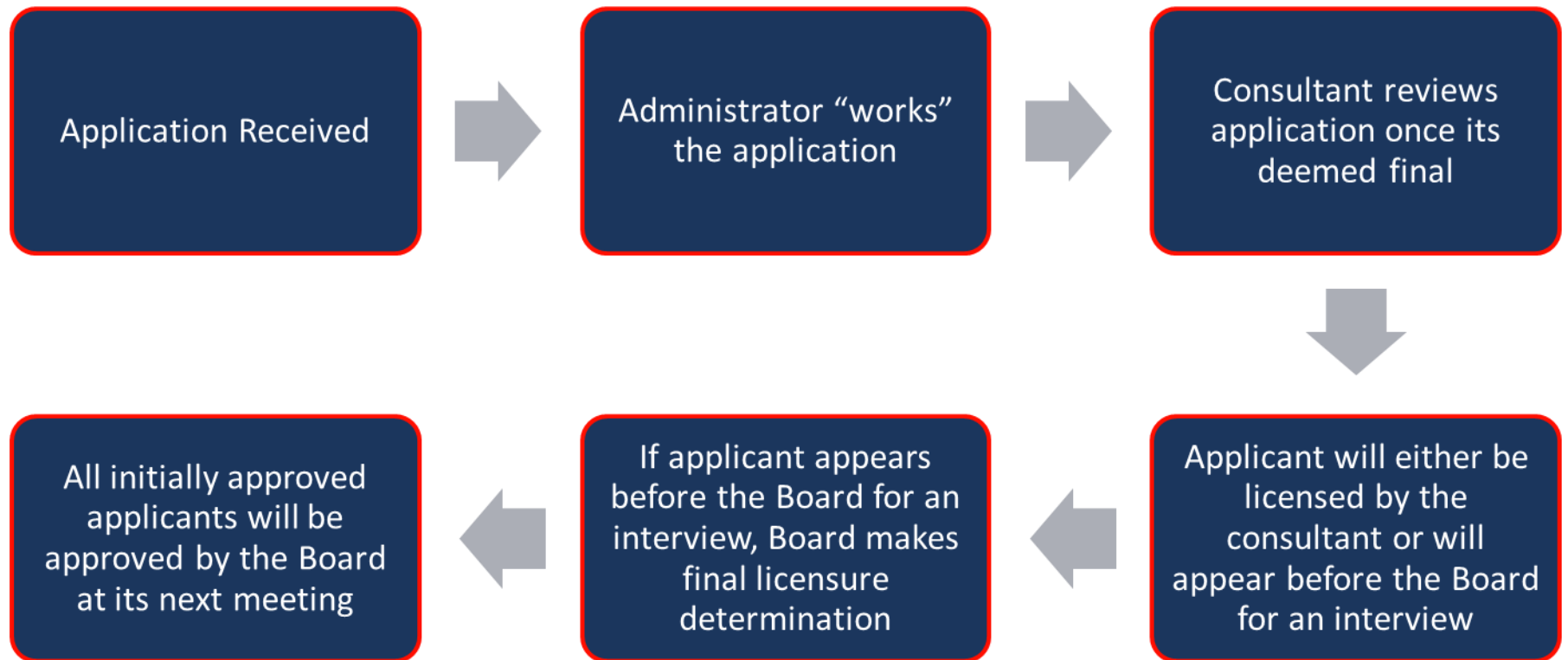
View Application Status

Board of Medical Examiners - Medical Doctors & Genetic Counselors - Medical Doctor: Initial Standard License Application	Status: Open	Details
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Additional Activities

Make Payments (1)	Select
Add Licenses To Registration	Select

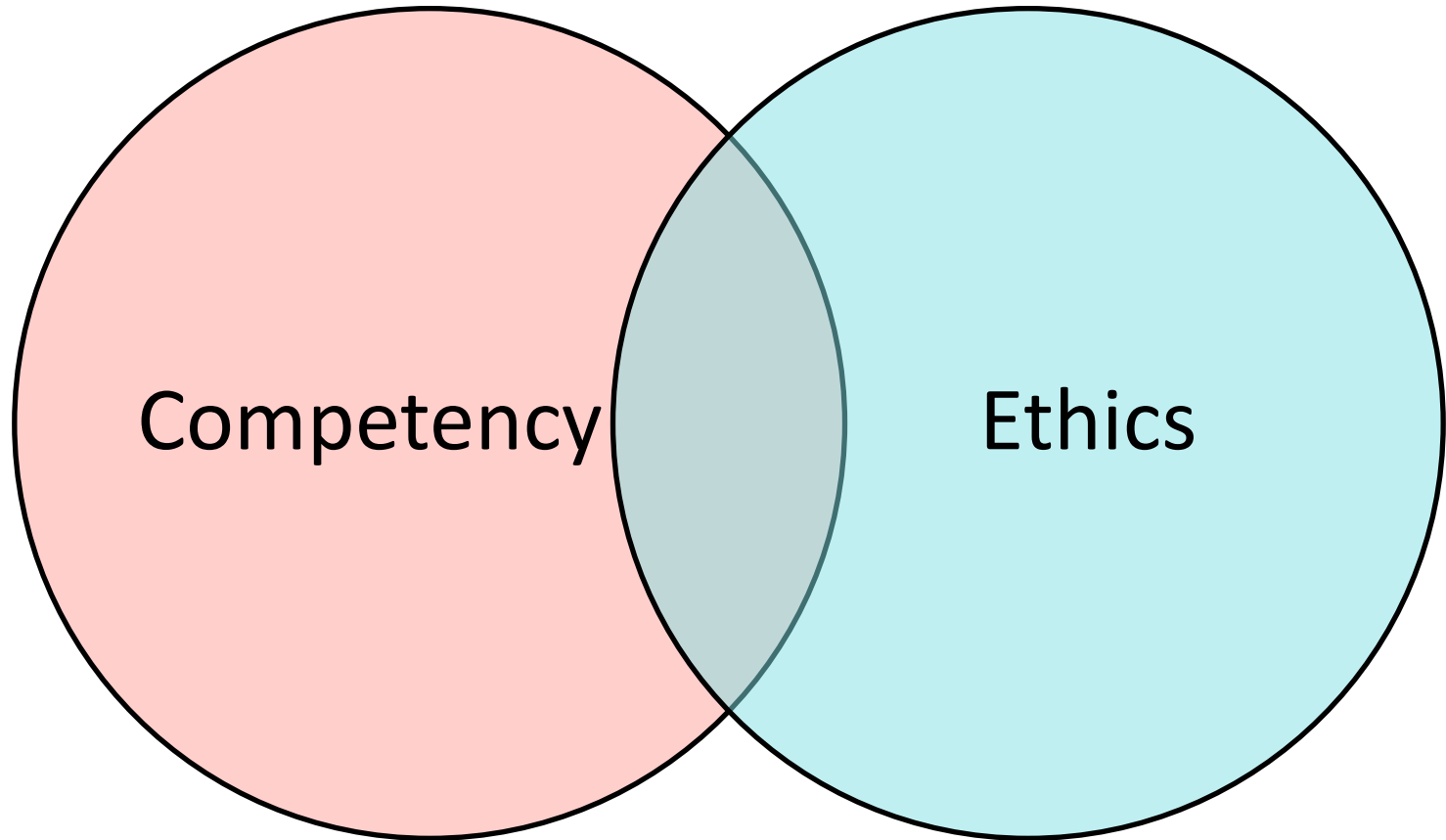
Licensing Process



BME & BOE - Well Being First Champion



“Competency” Questions



Part III:

Maintaining your Tennessee Medical License

Maintenance of your license

- Renewal of your license
- Completion of CME
- Updates to your information
- Registration in the CSMD
- Supervision of PAs and APRNs

Renewing your license

- Two year renewal cycle that is specific to your birth month and year.
 - If your birth year is an even number, your license must be renewed by the last day of your birth month in even numbered years

Your birthdate is November 30, 1982. When will your license expire?

November 30, 2026

Renewing your license

- Paper renewals
- Online renewals - <https://lars.tn.gov>
- Reasons you may not be able to renew your medical license online:
 - You haven't paid the professional privilege tax
 - You are trying to renew more than ninety days ahead of your expiration date

CME Requirements

40 AMA Cat 1 or AAFP credits every two years

At least two hours must be in a course that addresses controlled substance prescribing and includes instruction in the Tennessee Chronic Pain Guidelines

All medical doctors must complete forty (40) hours in the twenty-four (24) months preceding their licensure renewal.

If your medical license renewal expiration is October 31, 2024...

All forty hours of CME must be completed between November 1, 2022 and October 31, 2024.

Courses that meet the two (2) hour requirement can be found here:

https://www.tn.gov/content/dam/tn/health/healthprofboards/medicalexaminers/CE_Prescribing_BME.pdf

Updating your information

- Your address
- Name change (marriage/divorce)
- Any information collected through the practitioner profile
- Changes to supervisory relationships

Updates must be made within 30 days of a change or occurrence

Registering in the CSMD

If you provide direct care and prescribe controlled substances to patients in Tennessee for more than 15 days per year or you are a dispenser in practice providing direct care to patients in Tennessee for more than 15 days per year, you are required to register with the CSMD.

Registering in the CSMD

www.tncsmd.com

TENNESSEE CSMD

Welcome to Tennessee CSMD, Please login to Continue



Not a member? [Register](#)

For registration questions, please contact the CSMD Administrator.
Email: CSMD.admin@tn.gov or
Phone: 615-253-1305.
[CSMD FAQ's](#)

Username
[Forgot Username?](#)

Password
[Forgot/Reset Password?](#)

Please use the hyperlinks above if you have forgotten your username or password.
If you have unresolved issues after trying the links above, please contact the CSMD Administrator.
Email: CSMD.admin@tn.gov or Phone: 615-253-1305

Important: The CSMD Program requires each user to have a unique private and confidential email address. Also, CSMD anticipates migrating to a new platform in the near future and successful migration requires each user to have a unique private and confidential email address. Review your email address by going to "My Account" after you login to ensure that your account has a unique private and confidential email that only you can access to ensure compliance and successful migration.

ATTENTION: Prescribers may notice receipt of emails from the CSMD that identify potential high risk patients associated with their current practice. These will be displayed on your Clinical Notification panel on your home page.

To view Clinical Notifications associated with your account, click "View all..." from the Clinical Notification panel on your account Home Page. This is a historical view and will always display the last five weeks of notifications. Please note the columns are sortable to assist in reviewing.

REMEMBER: The first time you login to the system go to MY ACCOUNT (which is your profile) in the upper right corner to review and update all necessary

Supervising PAs and APRNs



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
TENNESSEE BOARD OF NURSING
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243
(800) 778-4123, ext. 5325166 or (615) 532-5166

**ADVANCED PRACTICE NURSE
NOTICE AND FORMULARY**

Advanced Practice Nurse Name _____ TN Advanced Practice Nurse License Number _____

*Advanced Practice Nurse DEA Number _____ TN or Multistate Registered Nurse License Number _____

Delete Supervising Physician(s): _____ Delete Practice/Clinic(s): _____
(If more space is needed for deletions please attach additional sheets)

Check the category of legend drugs the APN is authorized to prescribe: (*must have own DEA number to prescribe Schedule's II-V)

Non controlled legend drugs Controlled legend drugs including:
 Schedule II
 Schedule III
 Schedule IV
 Schedule V

Initial or adding a new practice site(s) & Supervising Physician(s):

Name of Practice/Clinic

Site Address

Supervising Physician Printed Name

Supervising Physician Signature

DEA Number

MD/DO License Number

Name of Practice/Clinic

Site Address

Supervising Physician Printed Name

Supervising Physician Signature

DEA Number

MD/DO License Number

Attestation
I, _____ attest that the information contained in this application is true and correct.

Print Name
Return original to: Tennessee Board of Nursing
665 Mainstream Drive
Nashville, TN 37243

Signature of Advanced Practice Nurse/Date
NOTE: Mandatory Practitioner Profile will be updated based on receipt of this Notice & Formulary

ATTACHMENT 4

Applicant's Name _____



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

COMMITTEE ON PHYSICIAN ASSISTANTS
(800) 778-4123, ext. 532-4384 or (615) 532-3202, ext. 532-4384

SUPERVISING PHYSICIANS

This section must be completed by the supervising physician(s).
(This page may be duplicated if necessary)

List all practice settings:

- | | |
|---|---|
| 1) Setting: | 2) Setting: |
| _____
Supervising Physician Signature | _____
Supervising Physician Signature |
| _____
Printed Name | _____
Printed Name |
| _____
Address | _____
Address |
| _____
Tennessee Medical License Number | _____
Tennessee Medical License Number |
| 3) Setting: | 4) Setting: |
| _____
Supervising Physician Signature | _____
Supervising Physician Signature |
| _____
Printed Name | _____
Printed Name |
| _____
Address | _____
Address |
| _____
Tennessee Medical License Number | _____
Tennessee Medical License Number |

Supervising PAs and APRNs

ATTACHMENT 5

TENNESSEE BOARD OF MEDICAL EXAMINERS'
COMMITTEE ON PHYSICIAN ASSISTANTS

AUTHORIZATION FOR PRESCRIBING FOR PHYSICIAN ASSISTANTS

Supervising Physician _____
 Address _____

 City _____ State _____ Zip Code _____
 Phone Number _____
 Field of Practice _____
 Medical License Number _____

Physician Assistant _____
 Field of Practice _____
 Address _____

 City _____ State _____ Zip Code _____
 Phone Number _____ TN License Number _____

Check the class of drugs you desire to delegate:

- | | |
|---|--|
| <input type="checkbox"/> Analgesics | <input type="checkbox"/> Enzymes |
| <input type="checkbox"/> Anesthetics | <input type="checkbox"/> Expectorant and Cough Preparations |
| <input type="checkbox"/> Antibiotics | <input type="checkbox"/> Eye, Ear, Nose, and Throat Preparations |
| <input type="checkbox"/> Anti-infective Agents | <input type="checkbox"/> Gastrointestinal Drugs |
| <input type="checkbox"/> Anti-inflammatory Agents | <input type="checkbox"/> Hormonal and Synthetic Substitutes |
| <input type="checkbox"/> Anti-neoplastic Agents | <input type="checkbox"/> Hypoglycemic Agents |
| <input type="checkbox"/> Antiparasitics and Anticellulotics | <input type="checkbox"/> Insulin Preparations |
| <input type="checkbox"/> Antivirals | <input type="checkbox"/> Muscle Relaxant Preparations |
| <input type="checkbox"/> Arthritis Medications | <input type="checkbox"/> Narcotic Antagonists |
| <input type="checkbox"/> Autonomic Drugs | <input type="checkbox"/> Oxytocics |
| <input type="checkbox"/> Blood Derivatives | <input type="checkbox"/> Psychotropics |
| <input type="checkbox"/> Blood Formation and Coagulation | <input type="checkbox"/> Serum, Tissue, and Vaccine |
| <input type="checkbox"/> Birth Control Drugs and Devices | <input type="checkbox"/> Skin and Mucous Membrane Preparations |
| <input type="checkbox"/> Bronchodilators/Anti-asthma Drugs | <input type="checkbox"/> Smoking Cessation Aids |
| <input type="checkbox"/> Cardiovascular Drugs | <input type="checkbox"/> Smooth Muscle Relaxants |
| <input type="checkbox"/> Central Nervous System Drugs | <input type="checkbox"/> Spasmodic Agents |
| <input type="checkbox"/> Contraceptives | <input type="checkbox"/> Sympathomimetics and Combination |
| <input type="checkbox"/> Diabetic Agents | <input type="checkbox"/> Vitamins |
| <input type="checkbox"/> Diagnostic Agents | <input type="checkbox"/> Unclassified Therapeutic |
| <input type="checkbox"/> Decongestants | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Electrolytic, Caloric, and Water Balance | _____ |

Check the type and schedule of controlled drugs you desire to delegate:

Type	Schedule II	Schedule III	Schedule IV	Schedule V
_____ None	_____	_____	_____	_____
_____ Barbiturates	_____	_____	_____	_____
_____ Benzodiazepines	_____	_____	_____	_____
_____ Depressants	_____	_____	_____	_____
_____ Narcotics	_____	_____	_____	_____
_____ Stimulants	_____	_____	_____	_____

_____ Other (Please List) _____

- I, _____ MD/DO, License Number _____
 Please print
- I, _____ MD/DO, License Number _____
 Please print
- I, _____ MD/DO, License Number _____
 Please print
- I, _____ MD/DO, License Number _____
 Please print

do hereby delegate the above prescribing authority to _____ PA of whom I am the supervising physician and will assume the responsibility according to TCA §63-19-107.

I, _____ PA do hereby accept the delegated portion of prescribing authorization and will affirm it as such according to TCA §63-19-107.

Signature of Physician Assistant Date _____

Signature of Supervising Physician Date _____

Signature of Supervising Physician Date _____

Signature of Supervising Physician Date _____

PD-266(Rev. 4/17)

884 10/17

PD-266(Rev. 04/17)

884 10/17

Supervising PAs and APRNs

Medical Examiners

About

Members

Meeting Schedule

Meeting Minutes

Practitioner Profiles

National Organization

Educational Programs

Continuing Education

Licensure

X-Ray Operators

Complaints

Peer Assistance

Applications and Forms

Newsletters

...

Board of Medical Examiners

Reports

- [Reentry Report](#)
- [Reentry Diagram](#)

FAQs

- [Supervision FAQs](#)
- [Telemedicine FAQs](#)
- [Licensure Type FAQ](#)

Instruction

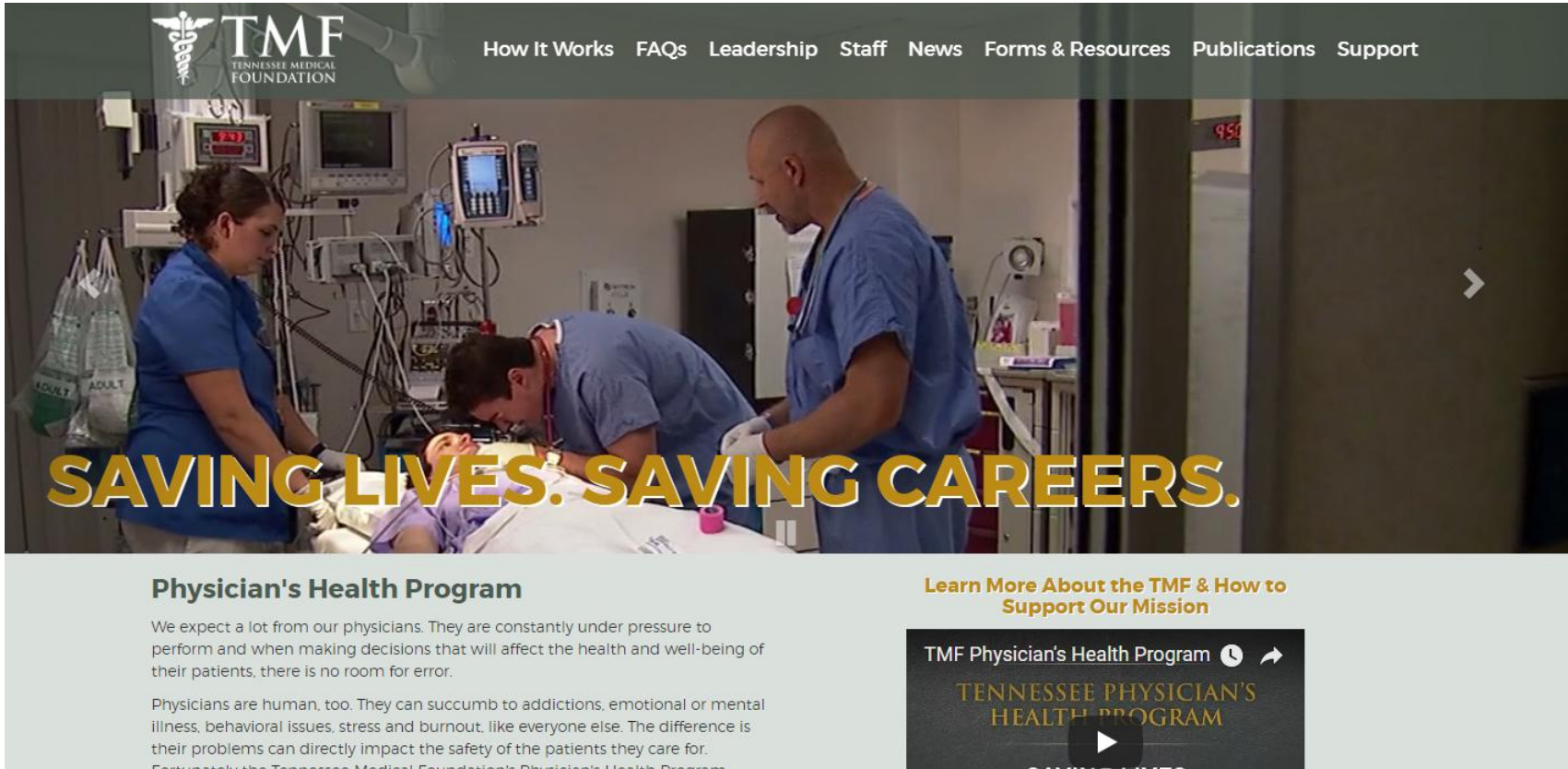
- [Reviewing Pending Supervisory Requests](#)

Policies

- [Policy regarding Continuing Medical Education Requirements Upon Reinstatement](#)
- [Administrative License Policy](#)
- [Policy Regarding Time Frame for Completion of the USMLE](#)
- [Foreign Medical School Policy](#)



Tennessee Medical Foundation (TMF)



The screenshot shows the Tennessee Medical Foundation website. At the top left is the TMF logo with the text 'TMF TENNESSEE MEDICAL FOUNDATION'. To the right is a navigation menu with links: 'How It Works', 'FAQs', 'Leadership', 'Staff', 'News', 'Forms & Resources', 'Publications', and 'Support'. Below the navigation is a large video player showing three medical professionals in blue scrubs attending to a patient in a hospital room. The video has a play button in the center and a right-pointing arrow on the right side. Overlaid on the video is the text 'SAVING LIVES. SAVING CAREERS.' in large, bold, yellow letters. Below the video player, there is a section titled 'Physician's Health Program' with a paragraph of text. To the right of this text is a call-to-action button that says 'Learn More About the TMF & How to Support Our Mission'. Below the call-to-action is a video thumbnail for 'TMF Physician's Health Program' with the text 'TENNESSEE PHYSICIAN'S HEALTH PROGRAM' and a play button.

TMF
TENNESSEE MEDICAL
FOUNDATION

[How It Works](#) [FAQs](#) [Leadership](#) [Staff](#) [News](#) [Forms & Resources](#) [Publications](#) [Support](#)

SAVING LIVES. SAVING CAREERS.

Physician's Health Program

We expect a lot from our physicians. They are constantly under pressure to perform and when making decisions that will affect the health and well-being of their patients, there is no room for error.

Physicians are human, too. They can succumb to addictions, emotional or mental illness, behavioral issues, stress and burnout, like everyone else. The difference is their problems can directly impact the safety of the patients they care for.

Fortunately, the Tennessee Medical Foundation's Physician's Health Program

Learn More About the TMF & How to Support Our Mission

TMF Physician's Health Program

TENNESSEE PHYSICIAN'S HEALTH PROGRAM

615-467-6411

Board's website

- Statutes/rules
- Applications and forms
 - Requests for advisory opinions
- FAQs
- Instructions
- Policies
- Legislative report

Part IV:

Disciplinary Action

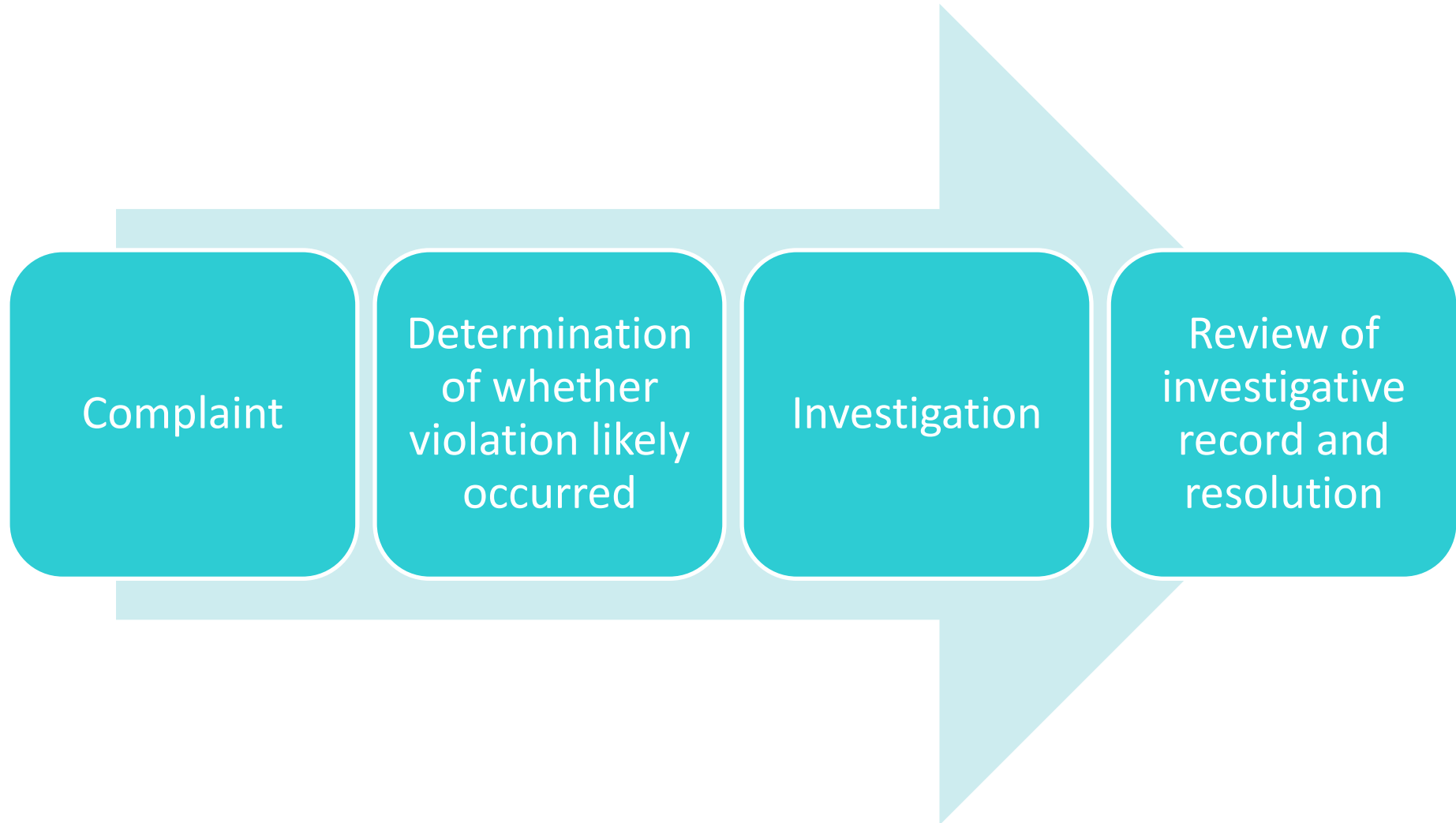
Grounds for Discipline

- The board has authority under the statutes (and rules) to revoke or otherwise discipline a license; grounds are spelled out in statutes/ rules. *See T.C.A. § 63-6-214.* Examples:
- Conviction of a felony, crimes of moral turpitude, and dispensing, prescribing or otherwise distributing any CS or any other drug not in the course of professional practice
- Disciplinary action in another state based on conduct that would be violation in this state
- Fraud or deceit in the practice of medicine
- Gross health care liability or a pattern of ignorance, negligence or incompetence
- Prescribing or dispensing controlled substances not in good faith or in amounts or for durations not medically necessary
- Engaging in practice when mentally or physically unable
- Unprofessional, dishonorable, or unethical conduct

Complaint Process

- The Board of Medical Examiners receives more complaints (as a percentage of their total licensee base) than any other board- over 1,000 complaints per year
- Still a small percentage (between 3-4% of total licensee population)
- We are a complaint driven system. Complaints come from patients, family members, pharmacists, other area practitioners, law enforcement etc.
- Complaints can also be filed anonymously
- Complaints are confidential until formal charges are filed

Complaint Process (cont.)



Types of Discipline

Revocation

- Loss of privilege to practice in Tennessee
- Including possibility of permanent revocation
- If not permanent, may re-apply for new license after period determined by board
- Re-licensure not guaranteed; must meet then existing requirements for licensure

Suspension

- Suspends right to practice for certain period of time
- Intent is that licensee not practice medicine anywhere
- Lifting of suspension may be contingent upon completion of certain conditions such as coursework, evaluation/ treatment, etc.

Probation

- Formal disciplinary action which places a license on close scrutiny for period of time
- Often combined with other conditions such as coursework, practice monitoring, payment of penalties, etc.

Types of Discipline (cont.)

Reprimand

- Public censure; like revocation, suspension probation and a reprimand– is reported to National Practitioner Data Bank
- May be combined with other conditions

Letters of Warning

- Private censure; not reported to the National Practitioner Data Bank, not part of licensure file, not public record

Common Issues Leading to Discipline

- Practicing while impaired by alcohol, drugs or other disability (including writing scripts for others and other diversion tactics)
- Sexual misconduct
- Failure to appropriately supervise mid-levels or other staff
- Prescribing to immediate family members or prescribing to family/ friends without maintaining appropriate records
- Prescribing controlled substances without adequate documentation of medical justification
- Failure to provide medical records to patients upon request

Hypothetical #1

- Your girlfriend of ten years has suffered from migraines for many years and is followed by an area neurologist. She wakes up the morning the two of you are scheduled to depart on a trip to Hawaii with a migraine. You write her a prescription for Percocet #30, to keep her comfortable and happy in Honolulu. You don't make a record for this treatment because it's just one time and she's your girlfriend after all. Is that a problem?*

Yes. The Board's Policy on Prescribing for Oneself and One's Family states that scheduled drugs should not be prescribed to immediate family members except in emergency situations. Also see the AMA Code of Medical Ethics.

Hypothetical #2

- You have just been hired by one of the preeminent practice groups in the state. One of the practice owners, Dr. Important, is a former member of the Board of Medical Examiners. Several of his patients are transferred to you to manage their care. You review the patient charts and see that they have been prescribed opioids by Dr. Important for several years, though the chart doesn't list a diagnosis or contain any other imaging or other evidence of a pain-generating condition. Should you just continue to prescribe the opioids because... Dr. Important?*

No. Each physician has an independent obligation to ensure the medical justification of any prescription he/she writes.

Supervision of APRN's and PA's

- Must have current, unencumbered license to be supervisor.
- Must be available for consultation at all times or make arrangements for a substitute to be available.
- Must have experience in the same area of practice of the mid-level.
- Must have protocols approved (signed) by all parties outlining the standard of care; protocols must be reviewed biennially (dated); must be maintained at practice site and available to boards upon request.
- Supervisor must review at least 20% of mid-level's charts every 30 days and 100% where controlled drugs are prescribed and sign off on charts to document such review.
- Supervisor must visit remote practice sites at least every 30 days.

CONTACT US

- You can contact us by calling:
(615) 532-4384
Or online at
Medical.Health@tn.gov
- Most of your questions regarding license eligibility, statutes and Rules can be answered by visiting the Board of Medical Examiners website at tn.gov/health

- THANK YOU

