



FEB 14 1991

14

06-006 \$175.00 Recip. Fee
 06-008 10.00 License Fee
 06-014 15.00 Reg. Fee
 06-001 \$200.00 Total Due

USE TO PRACTICE MEDICINE IN TENNESSEE UNDER INTERSTATE AGREEMENT OR NATIONAL BOARD ENDORSEMENT

Date 1-29-91

No. _____ Issued by the State of _____
National Board Certificate No. 267939

I hereby make application for a License to practice Medicine and Surgery in Tennessee and submit the following statement of facts and proof in support of same:

- Name in full Merri Beth Morris MD Date of birth _____
- Place of birth Bakersfield California U.S. Citizen: Yes X No _____
- Present address 1143 Avenida Fresca Casa Grande, AZ 85222
- Home Phone (602) 836-5819 Sex F Race W
- Telephone Number (602) 836-8211 Social Security No. _____
(During Regular Business Hours)
- Intended practice address in Tennessee not yet determined
- Type of intended practice in Tennessee (Primary Specialty): obstetrics/gynecology
- DEA # (if applicable) BM0257116 Are you an: _____
(Check One) Intern Fellow/Resident N/A
- List names of States in which you are now licensed or have ever been licensed and list dates and license numbers AZ # 16271 8/84 ; NC # R0013576 8/85
- Have you failed an examination before any Board of Medical Examiners? YES NO
_____ X
- Has your certificate or license to practice medicine in any state ever been suspended, revoked, restricted, curtailed or voluntarily surrendered under threat of suspension or revocation? YES NO
_____ X
- Have your staff privileges at any hospital or health care facility ever been revoked, suspended, curtailed, limited or placed under conditions restricting your practice? YES NO
_____ X
- Have you ever been committed by court order to any facility for alcoholic, drug, or psychiatric treatment or been so ordered by agreement or otherwise by any Board of Medical Examiners? YES NO
_____ X
- Have you ever been denied a state or Federal controlled substances certificate? YES NO
_____ X
- Have you ever been convicted or are you presently charged with a felony? YES NO
_____ X
- Have you ever been rejected by a Medical Society? YES NO
_____ X
- Have you ever had a judgment rendered against you, or action settled relating to the performance of your professional service? YES NO
_____ X

If any of the above answers are in the affirmative, please explain in detail on an attached sheet.

PRELIMINARY AND PRE-MEDICAL EDUCATION

	Name of School or College	Date Attended	Certificate or Degree
1.	Arizona State Univ	8/74 - 5/78	B.S.
2.			
3.			

MEDICAL EDUCATION

I have spent 4 years in the study of medicine in the institutions below:

Day, Month, Year	Day, Month, Year	Name of School	Location
From <u>- 7 - 78</u>	to <u>- 5 - 82</u>	Univ. of AZ College of Med.	Tucson, Ar
From _____	to _____		
From _____	to _____		

NOTE: Any false or misleading information in, or in connection with, this application may be cause for automatic denial of licensure.

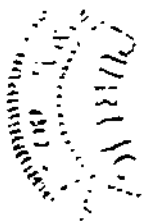
AFFIDAVIT OF APPLICANT

State of Arizona

County of Pinal

Merri B. Morris, M.D., of Casa Grande being duly sworn says that he/she is the person referred to in this application for a License Certificate to practice Medicine and Surgery in the State of Tennessee and that each of the statements herein contained is true in every respect.

Merri B. Morris, M.D.
(Signature of Applicant)



SEAL

Sworn to before me, this 29th day of January, 1991.

My commission expires May 1, 1991

Bessie Hamilton
Notary Public

APPLICANT'S CONSENT AND RELEASE

In applying for medical licensure in the State of Tennessee by the Board of Medical Examiners, I hereby:

signify my willingness to appear for any interviews the Board may find necessary which may include full Board interview, in regard to my application

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 and competence;

consent to the release of such information;

release from liability all representatives of the Board and its Staff for their acts performed and statements made in good faith and without malice in connection with evaluating my application and my credentials and qualifications;

release from liability any and all individuals and organizations who provide information to the Board or its Staff, in good faith and without malice concerning my professional 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 information submitted by me in my application is true and complete to my best knowledge and belief.

Merrill B. Morris, MD
Signature

10-1-90

Date

22/67019234

PLEASE READ INFORMATION ON THE BACKSIDE OF THIS FORM

PART IV RECOMMENDATION OF SECRETARY OF LOCAL COUNTY MEDICAL SOCIETY STATE

Date _____

I, _____ Secretary of the _____

_____ Medical Society, certify that _____
is a member in good standing of this association.

I further certify that the said Merri B Morris, MD
was elected to membership on _____
and has been a member of this Society since _____.

(Seal of Society)
Note: If Society has no seal the signature must be acknowledged before a Notary Public.

State of _____ Secretary _____

County of _____ ADDRESS _____

In _____ on the _____ day of _____, 19____,

before me personally appeared _____
known by me to be the party executing the foregoing instrument, and he being duly sworn,
acknowledged said instrument, by him executed, to be his free act and deed.

Notary Public

My commission expires _____.

If candidate does not belong to any local, county or state medical society, he must submit two letters of recommendation from licensed physicians who have known him for a substantial length of time.

I am no longer a member of the Pinal County Medical Society. It seemed all we ever did was have parties with too much drinking. Letters of Recommendation from Mary MacGuire, MD + Michael Ridge, MD will be coming from them.

Merri B. Morris, MD

see copy of diploma

MBM

1982 graduate

PART II

CERTIFICATE OF MEDICAL EDUCATION

It is hereby certified that Messi B. Morris, MD
of Casa Grande, AZ matriculated in medicine
at Univ. of Arizona Date _____ attending _____
courses of lectures _____ months each, and received a diploma
from _____ conferring the degree of Doctor of Medicine

(Date)

(President, Secretary, or Dean)

SEAL

Date _____

PART III CERTIFICATE OF SECRETARY OF STATE BOARD ISSUING ORIGINAL LICENSE
(If licensure is based on National Board Examination or FLEX,
do not complete this section--see instructions)

I, _____, Secretary of the _____
Board of Medical Examiners, certify that _____
of _____ was granted License Certificate No. _____ to
practice Medicine in the State of _____ on the _____ day of
_____, 19____, and that said license certificate has
never been revoked. Enclosed photograph is a true likeness of _____
I further certify that the aforesaid in his written examination before this Board obtained a
general average of _____ per cent and the following percentages on each subject.

Subject	Percent	Subject	Percent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Acting on behalf of the _____ Board of Medical Examiners, I
hereby certify to the reputability of Dr. _____
based on the records, and recommend him to the Tennessee State Board of Medical
Examiners as a fit and proper person to receive a license certificate to practice Medicine
and Surgery in Tennessee.

SEAL OF THE BOARD

(Secretary)

Place _____

Date _____

UNIVERSITY OF ARIZONA

THE ARIZONA BOARD OF REGENTS BY VIRTUE OF THE AUTHORITY VESTED
IN IT BY LAW AND ON RECOMMENDATION OF THE UNIVERSITY FACULTY
DOES HEREBY CONFER ON

MERRI BETH MORRIS

WHO HAS SATISFACTORILY COMPLETED THE STUDIES PRESCRIBED THEREFOR
THE DEGREE OF

DOCTOR OF MEDICINE

WITH ALL THE RIGHTS, PRIVILEGES AND HONORS THEREUNTO APPERTAINING.
GIVEN AT TUCSON, THIS FIFTEENTH DAY OF MAY, 1982.

Bruce Babbitt
GOVERNOR OF ARIZONA

Esther N. Caprin
PRESIDENT OF THE BOARD



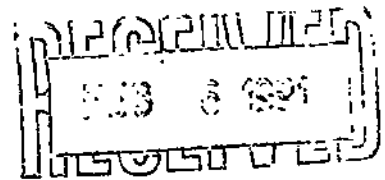
John R. Schafer
PRESIDENT OF THE UNIVERSITY

David L. Windsor
SECRETARY OF THE FACULTY



Bessie Hamilton
Notary
January 29, 1981

FEB 11 1991



XX

Please complete top portion and forward to training Institution. Extra copies may be xeroxed if needed.

:XX

VERIFICATION OF TRAINING

I am applying for a Tennessee medical license. Tennessee requires verification that all medical graduates have completed a year of LCME approved training. I was a participant at your institution as follows:

Name and Address of Institution North Carolina Memorial Hospital
University of N.C. at Chapel Hill
Program Title OB/Gyn Residency
Dates Attended 7/82 - 6/86
Chapel Hill, NC
27514

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Tennessee Board of Medical Examiners. Your early attention is appreciated.

Merris B. Morris M.D.
Merris B. Morris, MD
(Please type or print name)

XX

EXECUTIVE OFFICE OF TRAINING INSTITUTION:

Please complete and return this form to:

Tennessee Board of Medical Examiners
283 Pius Park Boulevard
Nashville, Tennessee 37219-3407.

LCME-Approved Training Program yes no

Date Program Approved 1982

Date Doctor Attended Program _____
7/82 - 6/86

Remarks: _____

Signed Wesley C. Fry
(Authorized Signature)

Prof + Vice Chair Dept OB-Gyn
Title

Mary E. MacGuire, M.D.

1820 E. Florence Boulevard, Suite E
Casa Grande, Arizona 85222
602-421-0256

MAR 05 1991

6th February 1991.

State of Tennessee
Board of Medical Examiners,
283 Plus Park Blvd
Nashville Tenn 37219-5407.

Dear Sir or Madam,

I am writing to support the application of Dr Merri B Morris for State medical license.

I have been a colleague of Dr Morris in private practice in Casa Grande since October 1986 and know her well. Dr Morris maintains absolutely the highest standards regarding patient care. She is completely honest and is a well read and well trained obstetrician-gynecologist.

Dr Morris does not have any physical or mental impairments that would prevent her from functioning well as an obstetrician-gynecologist in your State. She does not indulge in alcohol or any other drugs and has no health problems that would interfere with maintaining an excellent practice.

I will be very sorry to see a physician the calibre of Dr Morris leave Arizona and wish her well in her future practice in your State. I think that you are getting an excellent physician and hope you will look favorably upon her application. Please write to me if you have any further questions regarding her application.

Very Truly Yours,

Mary E. MacGuire
Mary E MacGuire.M.D.

Cottonwood Medical Center, Ltd.

Associates in Pediatric & Internal Medicine
Telephone 602/836-5538

Douglas E. Parkin, M.D.
F.A.C.P. & F.A.A.P.
Robert J. Kull, D.O.
F.A.A.P. & F.S.A.M.
Michael P. Ridge, M.D.
A.B.I.M. & A.A.P.

FEB 20 1991

February 13, 1991

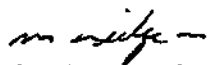
Tennessee Board of Medical Examiners
283 Plus Park Blvd.
Nashville, TN 37219-547

Re: Merri Morris, M.D.

TO WHOM IT MAY CONCERN:

This is a letter in reference to Merri Morris with whom I have had professional experience working for the past two to three years. She specializes in both obstetrics and gynecology. I myself am a combined internist and pediatrician having double boards. Merri is very conscientious and admired very much by her patients. She is quite up in both areas of gynecology and obstetrics. I understand that she is looking to leave the Casa Grande area and she should do well wherever she may go. She deserves a very good recommendation and should do very well wherever she decides to practice medicine.

Sincerely,


Michael P. Ridge, M.D.
American Board of Internal Medicine

MPR:cas



MAR 25 1991

THE UNIVERSITY OF NORTH CAROLINA
AT
CHAPEL HILL

The School of Medicine
Department of Obstetrics & Gynecology
Division of Gyn Oncology
(919) 966-1194

CB# 7570, MacNider Bldg.
University of North Carolina at Chapel Hill
Chapel Hill, N.C. 27599-7570

March 18, 1991

Tennessee Board of Medical Examiners
283 Plus Park Blvd.
Dept. of Health and Environment
Nashville, Tennessee 37247-1010

Re: Merri B. Morris, M.D.

Dear Sir:

The above captioned individual successfully completed her approved Residency Training in Obstetrics and Gynecology at the University of North Carolina from July 1, 1982 to June 30, 1986.

I trust that this is the information you desire.

Sincerely,

Wesley C. Fowler, Jr., M.D.
Palumbo Professor and Associate Chairman
Obstetrics and Gynecology
Director, Resident Training

WCFjr/tak

FEB 07 1991

Please complete top portion and forward one to each State Medical Board where you hold or have held a medical license. Extra copies may be xeroxed if needed.

NOTE: Some states require that a fee be paid in advance for providing clearance information. To expedite, you may wish to contact the applicable state/states.

XX

CLEARANCE FROM OTHER STATE BOARDS

I was granted license # 16271 on 8/26 by the State of Arizona

The Tennessee Board of Medical Examiners requests that I submit evidence that my license in the State of Arizona is in good standing.

You are hereby authorized to release any information in you files, favorable or otherwise, directly to the Tennessee Board of Medical Examiners, 283 Plus Park Boulevard, Nashville, Tennessee 37219-5407. Your early attention is appreciated.

Merri B. Morris, MD
Signature

Merri B. Morris, MD
(Please type or print name)
Merri Beth Morris, M.D.

XX

EXECUTIVE OFFICE OF STATE BOARD:

Please complete and return this form to:

Tennessee Board of Medical Examiners
283 Plus Park Boulevard
Nashville, TN 37219-5407

License No. 16271 Date Issued 8/22/86

Written Examination X Endorsement/Reciprocity - National Board
Derogatory Information Yes X No
Currently Registered X Yes No

Remarks: _____

Signed: Lois Berkman
(Authorized Signature)

Verification Clerk
Title

LS/G2079234

2/4/91

RECEIVED
FEB 10 1991

NATIONAL BOARD OF MEDICAL EXAMINERS® • 3930 CHESTNUT STREET, PHILADELPHIA, PA 19104
 ENDORSEMENT OF CERTIFICATION

NATIONAL BOARD OF MEDICAL EXAMINERS
 OF THE
 UNITED STATES OF AMERICA
Merri Beth Morris, M.D.
 having satisfied all the requirements and having successfully passed the examinations is hereby
 declared a Diplomate of the National Board of Medical Examiners.

Attest **C. WILLIAM DAESCHNER, JR., M.D.**
 Chairman of the Board

SEAL **EDITHE J. LEVIT, M.D.**
 Philadelphia, Pa. President of the Board

07/01/83 Certificate # **267939**

MAR 07 1991

It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be* awarded to the physician named above, who graduated from **U ARIZONA COL OF MEDICINE** in **MAY 1982** and whose birth date is **08/01/1956**. This physician has successfully completed all examinations required for certification by the National Board of Medical Examiners. The scores obtained by this physician upon which his/her certification is based are as follows:

	Standard Score	Scale Score
PART I passed <u>06/80</u>		
Anatomy	620	88
Physiology	520	82
Biochemistry	485	80
Pathology	520	82
Microbiology	490	80
Pharmacology	485	80
Behavioral Sciences	615	88
TOTAL TEST (Minimum Passing Score 380/75)	535	82
PART II passed <u>09/81</u>		
Medicine	555	85
Surgery	530	84
Obstetrics and Gynecology	650	89
Public Health and Preventive Medicine	620	88
Pediatrics	570	86
Psychiatry	590	87
TOTAL TEST (Minimum Passing Score 290/75)	610	86
PART III passed <u>03/83</u>		
A General Test of Clinical Competence	490	81.7
TOTAL TEST (Minimum Passing Score 290/75)		
GENERAL AVERAGE (Parts, I, II, and III Scale Score)		83.2

*For those individuals who have not yet satisfactorily completed one full year of post-M.D. training the date shown on the facsimile is the date which has been certified by the physician's residency program director as the date on which this requirement for certification by the National Board will be fulfilled and such certification will be awarded

1111111111

Melanie Valente

 Secretary for Certification

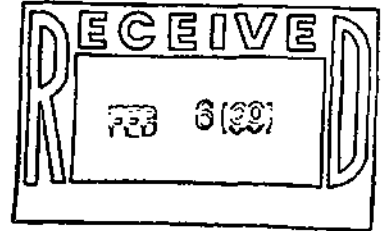
SEAL

02/26/91

 Date



FEB 13 1991



STATE OF TENNESSEE
DEPARTMENT OF HEALTH AND ENVIRONMENT
BUREAU OF MANPOWER AND FACILITIES
HEALTH RELATED BOARDS
283 PLUS PARK BLVD.
NASHVILLE, TN 37219-5407

Mail to:

BOARD ACTION DATA BANK INQUIRIES
Federation of State Medical Boards (No Fee Required)
2630 West Freeway, Suite 138
Fort Worth, Texas 76102-7199

The BOME of Tennessee requests a data bank search concerning the following individual:

Morris, Merri Beth MD
Name (LAST, First, Middle) Degree (MD, DO, PA)

8-1-56
Date of Birth (mm/dd/yy)

University of Arizona College of Medicine, (Tucson, AZ)
Medical School (Complete Name & Branch Location)

1982
Year of Graduation

Social Security Number

E.C.F.M.G. Number (if foreign medical graduate)

Please mail the response to the following address:

Tennessee Board of Medical Examiners WE HAVE NO UNFAVORABLE INFORMATION REGARDING THE ABOVE NAMED PHYSICIAN

283 Plus Park Blvd. FEB 6 1991

Nashville, Tennessee 37219-5407 JAMES R. WINN, M.D.
EXECUTIVE VICE-PRESIDENT

ATTENTION: _____

Merri Beth Morris MD
Physician's Signature

STATE OF TENNESSEE
BUREAU OF MANPOWER AND FACILITIES
HEALTH RELATED BOARDS
303 PLUS PARK BLVD.
DEPARTMENT OF HEALTH AND ENVIRONMENT
NASHVILLE, TENNESSEE 37247-1010

BOARD OF MEDICAL EXAMINERS

Dear Doctor:

Receipt of your application for Tennessee medical licensure is acknowledged. Please submit the document(s) indicated below so that we may continue to process your application:

FEE: \$205.00
____ (Reciprocity, \$175.00; License, \$10.00; Registration, \$15.00, State Regulatory Fee, \$5.00)

11 Letters of recommendation on letterhead

____ Notarized copy of medical diploma (translated if not in English)

____ Notarized copy of ECFMG certificate

____ Evidence of completion of one year of AMA approved U.S. or Canadian training (Please have the enclosed training verification form completed and returned to this office.)

____ Evidence of completion of three years of AMA approved U.S. or Canadian training

____ Notarized copy of transcript of grades and curriculum

____ FLEX exam fee - \$415.00

____ FLEX Component fee - Part I \$240.00 Part II \$295.00

____ Federation clearance form

1 Complete your application as indicated: Natural Board Enforcement
at this time as per letter of recommendation
from Board of Licensure Program.

____ Your file is complete and will be reviewed in the month of _____.

~~Please do not call the office to check on your file. You will be notified as soon as possible. Thank you for your cooperation and consideration.~~

Sincerely,

Sherry Cossette
Sherry Cossette
Licensure Coordinator

SC/G5030241

Tennessee Board of Medical Examiners
Reciprocity Check List

Name of Applicant: Merrill Beth Morris Date of Application: 2/12/91

- 1. Application Form
- 2. Photo
- 3. Fees - \$205.00
- 4. National Board Scores, Flex, L.M.C.C.
Low Score _____ Board Certified _____ No-waiver req. _____
- 5. Notarized Medical Diploma or
- 6. Medical Society completed application
2 letters of recommendation if not Medical Society
- 7. State Clearance Forms
- 8. One year training verification
- 9. Letter of recommendation from head of residency
- 10. Any disciplinary action or licensure denial
- 11. File Complete 3/27/91, SG

AZ
Ne

FMG Additional Requirement

- _____ 1. ECFMG Certificate
- _____ 2. Transcript and curricular in English
- _____ 3. Visa, if not U.S. citizen
- _____ 4. 3 years training
- _____ 5. Interviewed _____ Board Member approve _____
Date
- _____ 6. Guadalajara applicants _____ Enrollment in Program
_____ Citizenship
_____ Complete Formal Training
_____ Fifth Pathway

_____ File Complete

Full Board Interview _____ Date interviewed _____

Reason for Interview _____

Board Member Final Approval or Denial _____ Date _____

Appeal Requested: _____ Date Sent to OGC _____

TENNESSEE DEPARTMENT OF HEALTH

BOARD OF MEDICAL EXAMINERS

MEDICAL DOCTORS
RENEWAL APPLICATION

AUG 09 2000

PLEASE READ INSTRUCTIONS AND ANSWER ALL QUESTIONS ON BACK OF THIS FORM
DO NOT SEPARATE ANY PART OF THIS FORM

Lic./Cert. No: MD0000021413 Lic./Cert. Status: ACTIVE

Expiration Date: 08/31/2000

File ID: 00022625

NPI/UPIN#:

Social Sec. No:

MERRI B MORRIS MD
107 B. HEALTH CARE DRIVE
CARTHAGE TN 37030-1072

Birth Date: 08/01/1956



Home Phone: () 735-1625

Work Phone: () 735-0462

Name and/or Mailing Address Change

Activity Status: FULL TIME

Specialty:

OB/GYN

- 1 Full Time 3 Not Working
- 2 Part Time

Work Address:
107B HEALTHCARE DRIVE
CARTHAGE TN 37030

Work Address Change

STATE REGULATORY FEE \$ 10.00

In making this application, I certify that the statements given in this application are true and correct and that I have complied with all renewal requirements and, if applicable, satisfied all continuing education requirements set forth in the Tennessee Code Annotated and the Rules, Regulations and Regulations of the State of Tennessee regulating the practice of my profession in Tennessee.

RENEWAL 100.00
TOTAL \$ 110.00

MERRI B MORRIS MD 7-15-00
SIGNATURE DATE

CAREFULLY READ ALL QUESTIONS

Circle YES if the following applies to you:

I have been convicted of a crime and I have not previously notified the Board in writing of that action.

YES

My license has been disciplined in another state and I have not previously notified the Board in writing of that action.

YES

I am currently in poor physical and / or mental health.

YES

IF YOU HAVE ANSWERED YES TO ANY OF THE STATEMENTS PRINTED ABOVE, ATTACH AN EXPLANATION.

If you have been licensed in other states in the past two years, list those states.

NC, AZ

INSTRUCTIONS

Read all instructions before completing this renewal application.

1. Carefully check all the information printed on this form and neatly print any corrections in the shaded spaces provided.
2. Carefully read all questions on this application form. Circle yes only if the statement(s) applies to you. Do not write NO beside the statement if it does not apply to you.
3. Sign and Date the application and return it in the enclosed self-addressed envelope. DO NOT SEPARATE any part of this form.

If you do not sign and date the application, it WILL be returned to you. Failure to sign and date this application will cause a delay in issuing your renewal certificate.
4. Make your check or money order payable to the Department Of Health. DO NOT SEND CASH.
5. To insure processing by the expiration date, complete the application and submit with check or money order upon receipt of this application.
6. Pursuant to T.C.A. Section 63-1-108, it is the licensee's responsibility to keep the Board apprised of any change of address within thirty days of the change. For the purpose of the Board proving it has sent you your renewal application or license, it is sufficient to send said documentation to the address found in your licensure file.

TENNESSEE DEPARTMENT OF HEALTH
BOARD OF MEDICAL EXAMINERS
MEDICAL DOCTORS
RENEWAL APPLICATION

PLEASE READ INSTRUCTIONS AND ANSWER ALL QUESTIONS ON BACK OF THIS FORM
Online Renewal Now Available At www.tennesseeanytime.org/hire
DO NOT SEPARATE ANY PART OF THIS FORM

Lic./Cert. No: MD0000021413 Lic./Cert. Status: ACTIVE

Expiration Date: 08/31/2002

File ID: 00022625

NPI/UPIN#: D37340

Transaction No: 000088064

MERRI B MORRIS MD
107 B. HEALTH CARE DRIVE
CARTHAGE TN 37030-1072
|||||

Social Sec. No:

[Redacted Social Security Number]

Birth Date: 08/01/1956

[Redacted Birth Date]

Home Phone: () 735-1625

[Redacted Home Phone]

Work Phone: () 735-0462

[Redacted Work Phone]

Activity Status: FULL TIME

- 1 Full Time 3 Not Working
 2 Part Time

Name and/or Mailing Address Change

[Redacted Name and/or Mailing Address Change]

E-mail:

[Redacted E-mail]

Specialty:

[Redacted Specialty]

Work Address:
107B HEALTHCARE DRIVE
CARTHAGE TN 37030

SU

Work Address Change

[Redacted Work Address Change]

STATE REGULATORY FEE \$ 10.00

RENEWAL 150.00

TOTAL \$ 160.00

I certify that the statements given in this application are true and correct and that I have complied with all renewal requirements and, if applicable, satisfied all continuing education and competency requirements for the two (2) previous calendar years as set forth in the Tennessee Code Annotated and the Official Compilation Rules and Regulations of the State of Tennessee regulating the practice of my profession.

SIGNATURE

Merri B. Morris

DATE

7-13-02

CAREFULLY READ ALL QUESTIONS

Circle YES if the following applies to you:

I have been convicted of a crime and I have not previously notified the Board in writing of that action. _____ YES

My license has been disciplined in another state and I have not previously notified the Board in writing of that action. _____ YES

I am currently in poor physical and / or mental health. _____ YES

IF YOU HAVE ANSWERED YES TO ANY OF THE STATEMENTS PRINTED ABOVE, ATTACH AN EXPLANATION.

If you have been licensed in other states in the past two years, list those states. South Carolina

Emergency Phone: 6157350462

Emergency Fax: 6157353113

615-735-1625

INSTRUCTIONS

Read all instructions before completing this renewal application.

1. Carefully check all the information printed on this form and neatly print any corrections in the shaded spaces provided.
2. Carefully read all questions on this application form. Circle yes only if the statement(s) applies to you. Do not write NO beside the statement if it does not apply to you.
3. Sign and Date the application and return it in the enclosed self-addressed envelope. DO NOT SEPARATE any part of this form.
If you do not sign and date the application, it WILL be returned to you. Failure to sign and date this application will cause a delay in issuing your renewal certificate.
4. Make your check or money order payable to the Department Of Health. DO NOT SEND CASH.
5. To insure processing by the expiration date, complete the application and submit with check or money order upon receipt of this application.
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