



STATE OF TENNESSEE  
HEALTH RELATED BOARDS  
227 FRENCH LANDING, SUITE 300  
HERITAGE PLACE METRO CENTER  
NASHVILLE, TN 37243-1010

**AFFIDAVIT OF RETIREMENT  
FROM PRACTICE IN TENNESSEE**

PLEASE TYPE OR PRINT ALL INFORMATION IN INK.

I, \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

of \_\_\_\_\_  
(STREET ADDRESS) (APT.#) (City) (State) (Zip)

SOCIAL SECURITY # \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

WHO IS LICENSED TO PRACTICE AS A \_\_\_\_\_  
(GIVE THE TITLE OR YOUR LICENSE)

IN TENNESSEE UNDER THE LICENSE NUMBER \_\_\_\_\_ ISSUED ON \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

DO SOLEMNLY SWEAR THAT I HAVE RETIRED FROM PRACTICE AS THE PROFESSIONAL LISTED ABOVE IN THE  
STATE OF TENNESSEE ON THIS DATE \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

\_\_\_\_\_  
SIGNATURE OF LICENSEE

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

AT \_\_\_\_\_  
(CITY) (STATE)

NOTARY SEAL

NOTARY PUBLIC \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_