

Assigned Affidavit # _____

STATE OF TENNESSEE

EXAM APPLICATION

Exam Location: _____

Exam Date: _____ Exam Time: _____

PLEASE PRINT OR TYPE

Exam Applicant Information

Name: _____ Home/Cell Phone: _____

Home Address: _____ Date of Hire: _____

City, State, Zip: _____ Date of Birth: _____

Personal Email: _____ Last 4 of SSN #: _____

Employer Information

Doctor's Name: _____ Practice Name: _____

Practice Phone: _____ Fax: _____

Practice Address: _____

City, State, Zip: _____

Please note any special needs: _____

State Testing Fee: \$150.00

**Make Checks Payable to: CTA
2123 8th Avenue South
Nashville, TN 37204**

Payment Information

Card Number #: _____ Exp. Date: _____

Name on Card: _____

Billing Address: _____

Cardholder Signature: _____