

FORM AC1
ADDING ALTERNATE PHYSICIANS FORM
FOR PHYSICIAN ASSISTANTS
 (Note: Original Signatures Required)

Primary Sponsoring Physician's Name _____ Signature _____ License No. _____

PA Name: _____
 First Middle Last License No. _____

PA Signature: _____ Date Signed: _____

Please add the following physicians as alternate supervising physicians for the Physician's Assistant listed above: **EACH LINE FOR ALTERNATE PHYSICIAN'S MUST BE COMPLETED. DO NOT SUBMIT SEPARATE FORMS FOR EACH ALTERNATE PHYSICIAN OR THE FORM WILL BE RETURNED.**

	Alternate Physician's Name	License #	Signature	Date Signed
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

Please keep a copy for your records and provide a copy to the PA.

PLEASE RETURN THIS FORM TO:
GEORGIA COMPOSITE MEDICAL BOARD
2 Peachtree Street, N.W., 36th Floor
Atlanta, GA 30303
ATTN: Physician Assistant Unit