



GEORGIA COMPOSITE MEDICAL BOARD GENERAL INFORMATION AND CHECKLIST REQUEST TO CHANGE NAME OF PAIN CLINIC

All items listed that apply to your situation **MUST** be submitted. All copies must be 8-1/2 x 11, single-sided and official where required. For quality and confidential purposes, facsimiles of application materials are not accepted. All application material must be original, unaltered, and official where required. **APPLICATIONS ARE VALID FOR 6-MONTHS FROM DATE OF RECEIPT.**

1. Change in Name of a pain clinic **must** receive approval from the Board.
 2. Pain clinic licenses **cannot** be transferred.
 3. Pain clinics **cannot** use a current pain clinic license if you are changing the name of your clinic.
- APPLICATION FEE. \$25.00** - Make your check or money order payable to: Georgia Composite Medical Board.
 - APPLICATION.** Complete the application in its entirety.
 - PROOF OF OWNERSHIP.** Submit a **CURRENT BUSINESS LICENSE** issued to the location identified in the application. The Board, at its discretion may request official documents such as incorporation papers filed with Secretary of State, a lease agreement, bank accounts, information related to billing practices of the business, evidence related to form of payment for the owners of the clinic and physicians practicing at the clinic and any other documentation that the Board may need to determine actual ownership. If you have more than one location, provide a copy for **each location**.
 - If the change is **approved**, you will be requested to return your **original license card which displays the OLD Name and license number PRIOR to the Board issuing a new license card displaying the new name and new license number of the clinic.**
 - If the request is tabled or denied, you will receive a written response with additional instructions.
 - Each physician owning or practicing in a pain management clinic must register with the Georgia Prescription Monitoring Program ("PDMP").** See link www.gdna.ga.gov. Each physician practicing at a pain clinic must regularly check the PDMP on all new and existing patients.
 - All pain management clinics that dispense controlled substances or dangerous drugs shall be registered with the Georgia State Board of Pharmacy as required by Chapter 4 of Title 26.**

REQUEST TO CHANGE LOCATION OF PAIN CLINIC

All items listed that apply to your situation **MUST** be submitted. All copies must be 8-1/2 x 11, single-sided and official where required. For quality and confidential purposes, facsimiles of application materials are not accepted. All application material must be original, unaltered, and official where required. **APPLICATIONS ARE VALID FOR 6-MONTHS FROM DATE OF RECEIPT.**

1. Change in Location of a pain clinic **must** receive approval from the Board.
 2. Pain clinic licenses **cannot** be transferred.
 3. Pain clinics **cannot** use a current pain clinic license if you are changing the location of your clinic.
- APPLICATION FEE. \$125.00** - Make your check or money order payable to: Georgia Composite Medical Board.
 - APPLICATION.** Complete the application in its entirety.
 - PROOF OF OWNERSHIP.** Submit a **CURRENT BUSINESS LICENSE** issued to the location identified in the application. The Board, at its discretion may request official documents such as incorporation papers filed with Secretary of State, a lease agreement, bank accounts, information related to billing practices of the business, evidence related to form of payment for the owners of the clinic and physicians practicing at the clinic and any other documentation that the Board may need to determine actual ownership. If you have more than one location, provide a copy for **each location**.
 - If the change is **approved**, you will be requested to return your **original license card which displays the OLD location and license number PRIOR to the Board issuing a new license card displaying the new license number and new address of the clinic.**
 - If the request is tabled or denied, you will receive a written response with additional instructions.
 - Each physician owning or practicing in a pain management clinic must register with the Georgia Prescription Monitoring Program ("PDMP").** See link www.gdna.ga.gov. Each physician practicing at a pain clinic must regularly check the PDMP on all new and existing patients.
 - All pain management clinics that dispense controlled substances or dangerous drugs shall be registered with the Georgia State Board of Pharmacy as required by Chapter 4 of Title 26.**

APPLICATION PROCESSING INFORMATION

Mail the original application, application fee and all required documents to:

Georgia Composite Medical Board
ATTENTION: PAIN MANAGEMENT CLINIC
APPLICATION FOR LICENSURE
2 Peachtree Street, N.W., 36th Floor
ATLANTA, GA 30303

Contact Information:

Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner.