GENERAL INFORMATION AND CHECKLIST
ADD/CHANGE TO LICENSED PAIN CLINIC

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.

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.**

CHECKLIST – ADD/CHANGE TO PAIN CLINIC

- ❑ **APPLICATION FEE. SEE PAGE 1 OF APPLICATION FOR FEES.**
  Make your check or money order payable to: Georgia Composite Medical Board.

- ❑ **APPLICATION PAGE 1.** Complete this page in its entirety.
- ❑ **APPLICATION PAGE 2.** List the contact information for the application.
- ❑ **APPLICATION PAGE 2. If you are ADDING or DELETING a managing employee, complete this section.**
- ❑ **APPLICATION PAGE 3. If you are ADDING, DELETING or REVISING the hours of a practicing physician, complete this page.**
- ❑ **APPLICATION PAGE 4. If you are ADDING, DELETING or REVISING the hours of a physician assistant, complete this page.**
- ❑ **APPLICATION PAGE 4. If you are ADDING, DELETING or REVISING the hours of a APRN, complete this page.**

- ❑ **APPLICATION PAGE 5 - PERSONNEL CERTIFICATION FORM. Have the licensed health care practitioner who will be working in your clinic to complete this form so that a criminal background check maybe conducted.**

- ❑ **CV/Résumé. A CV/Resume is required** from each **practicing physician**. Send the cv/resume along with your application packet.

- ❑ **National Practitioner Data Bank Report and Health Integrity and Protection Data Bank Report** required for **all** physicians, physician assistants, and advance practice registered nurses who **will be practicing in the clinic.**

  A. Self-query the National Practitioner Data Bank www.npdb-hipdb.com
  B. Once you have access to the NPDB report, the system will allow you to save a pdf file of the report to your desktop. You can then **EMAIL** that pdf file to pwhite@dch.ga.gov

- ❑ **DEA DOCUMENTATION.** Submit a copy of your DEA Registration number. This is required for all physicians, physician assistants and advance practice registered nurses working in a pain clinic who have a DEA.

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