



## **GENERAL INFORMATION AND CHECKLIST**

### **REQUEST TO CHANGE OWNERSHIP 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. Now white-outs or strike through will be accepted. APPLICATIONS ARE VALID FOR 6-MONTHS FROM DATE OF RECEIPT.**

1. Change of Ownership 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 ownership of your clinic.
- APPLICATION FEE. \$500.00**
  - Make your check or money order payable to: **Georgia Composite Medical Board. NOTE:** No application will be processed without the application fee. All fees are non-refundable and subject to change.
  - APPLICATION.** Complete the application in its entirety.
  - PROOF OF OWNERSHIP.** Submit official documents such as incorporation papers filed with Secretary of State, or a business license **issued to the location identified in the application.** The Board, at its discretion may request 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.**
  - CRIMINAL BACKGROUND CHECK.** Each owner, principal, manager, agent, and licensed health care practitioner must pass a criminal background check and further investigation, at the Board's discretion. Complete the Personnel Certification Form located in the application packet.
  - FORM A, AFFIDAVIT OF APPLICANT OWNERS.** Read this form in its entirety and complete all areas. A current passport photo is required to complete this form. Do not submit photos from digital reproductions, magazines, yearbooks, weddings, birthdays, family outings, etc. Take this form to a notary public for witness of your signature. The applicant's signature date and the notary signature date must match. **SIGNATURES MUST BE ORIGINAL.** No whiteouts or strikeouts are accepted. **NOTE: EACH OWNER, PRINCIPAL, OFFICER, OR AGENT MUST SUBMIT THE AFFIDAVIT.**
  - FORM B, REGISTRATION OF PROFESSIONAL BUSINESS FORM.** Complete the form, have it notarized and send along with your application packet from **EACH** owner, principal, officer or agent.
  - SECURE AND VERIFIABLE DOCUMENT.** Send the verifiable document from **EACH** owner, principal, officer or agent with your application packet. A listing of acceptable documents can be found attached to FORM B.

- ❑ **CV/Résumé.** A **CV/Resume is required** from each owner, principal, officer, agent, and **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 are **owners of the clinic or will be practicing in the clinic**.
  - A. Self-query the National Practitioner Data Bank [www.npdb-hipdb.com](http://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](mailto:pwhite@dch.ga.gov)
- ❑ **DEA DOCUMENTATION.** Submit a copy of your DEA Registration card with the application. This is required for all physicians, physician assistants and advance practice registered nurses working in a pain clinic who have a DEA number.
- ❑ **Proof of registration with the Georgia Prescription Monitoring Program (GPMP).** Each **physician owning or practicing in a pain management clinic must register with the GPMP and** regularly check the GPMP 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.**

**NOTE: THE GRANDFATHERING EXEMPTION PERIOD HAS EXPIRED FOR PAIN CLINICS.**

**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. In some cases you may have to check your spam/junk email.