

# COSMETIC LASER SERVICES GRANDFATHER ASSISTANT LASER PRACTITIONER APPLICATION CHECKLIST

\_\_\_ If you are applying under the Grandfather clause, your application must be postmarked and received at **2 Peachtree Street, N.W., 36<sup>th</sup> Floor, Atlanta, GA 30303** by **December 31, 2014**.

\_\_\_ **FEE: \$200.** Submit this fee along with your application. Payment should be in the form of a cashier's check or money order made payable to the **Georgia Composite Medical Board**.

**Complete Application Pages 1-6. If you have questions, contact the Board at [lasers@dch.ga.gov](mailto:lasers@dch.ga.gov)**

\_\_\_ **Page 1. - Name and Contact Information.** Complete this page providing all requested information.

\_\_\_ **Page 2. - Applicant Questionnaire.** Answer all questions, and provide explanations and certified documentation concerning any arrests, convictions, disciplinary actions, licensure denials, etc.

\_\_\_ **Page 3. - License History.** List any license history for each permanent, temporary, training, provisional, or limited license obtained in any state in the US or Canadian territory, Canadian province, or US Federal jurisdiction. Request from each state, territory, or province of the U.S. or Canada in which you have held any type of professional license, including training, limited, or restricted licenses.

\_\_\_ **Page 4. - Applicant Work History. You may copy this page if additional space is needed.**

\_\_\_ **Prior to March 1, 2014,** list a minimum of **2,000 hours** of experience in administering cosmetic laser services.

\_\_\_ **Page 5. - Laser Courses .** Complete the form and submit:

\_\_\_ Proof of receiving at least **TWO laser certificates** from attending laser/intense pulsed light (IPL) courses, directly taught by a licensed physician or certified continuing medical education or continuing education educator.

\_\_\_ **If your training WAS NOT taught by either a licensed physician or certified CME or CE educator,** have a physician attest directly on your certificates that they participated in the training. The physician's signature must be notarized.

\_\_\_ **Page 6. - Affidavit of Applicant.** Complete this form and have notarized in the **presence of a** notary. Attach a passport size photo in the space provided. The date you sign the affidavit and the date the notary signs, must match.

\_\_\_ **FORM A - Affidavit of Citizenship.** Complete this form and have notarized.

\_\_\_ Send with your application a **copy of a secure and verifiable document** from the list following Form A.

\_\_\_ **FORM C - License Verification Form. If you are now or have ever been licensed to practice in another state, original verification of license history certification is required.** Complete this form and send directly to the licensing authority.