



## GENERAL INFORMATION AND CHECKLIST ADD, DELETE, REVISE PAIN CLINIC INFORMATION

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. **No white outs of strike outs will be accepted. APPLICATIONS ARE VALID FOR 6-MONTHS FROM DATE OF RECEIPT.**

- 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.** If you are **REVISING** the **Business Operating Hours**, list the information.
- 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 5.** If you are **ADDING, DELETING** or **REVISING** the hours of an APRN, complete this page.
- APPLICATION PAGE 6 - PERSONNEL CERTIFICATION FORM.** If you are adding a practitioner, have the practitioner to complete, **SIGN AND DATE** this form so that a criminal background check maybe conducted.
- CV/Résumé.** A CV/Resume is required if you are adding a 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 <https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp>
  - 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)
- Proof that each physician owning or practicing in a pain management clinic is registered with the Georgia Prescription Monitoring Program (“PDMP”).** Each physician practicing at a pain clinic must regularly check the PDMP on all new and existing patients.
- 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.

**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.

**APPLICATION PROCESSING INFORMATION.** Mail the original application, application fee and all required documents to:

**Georgia Composite Medical Board  
ATTENTION: PAIN MANAGEMENT CLINIC DEPARTMENT  
2 Peachtree Street, N.W., 36<sup>th</sup> Floor  
ATLANTA, GA 30303**

**You may email [pwhite@dch.ga.gov](mailto:pwhite@dch.ga.gov) with questions or concerns.**