

ATTACH CHECK HERE	GEORGIA COMPOSITE MEDICAL BOARD (GCMB) USE ONLY	
	DATE RECEIVED _____	DATE COMPLETED _____

**ALL FEES ARE
NONREFUNDABLE***

FEES ARE SUBJECT TO
CHANGE

DELEGATING PHYSICIAN INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	DEGREE: (MD OR DO)
GEORGIA LICENSE NUMBER DEA REGISTRATION NUMBER	Please check, if the delegating physician is a: <input type="checkbox"/> Georgia state employee <input type="checkbox"/> Georgia county employee <input type="checkbox"/> Georgia city employee If you checked any of the boxes above, please submit proof of employment.	PRACTICE DESCRIPTION AND SPECIALTY AREA: # OF LOCATIONS- TO INCLUDE SATELLITE SITE(S):	
PRACTICE ADDRESS WHERE APRN IS PRACTICING UNDER THIS PROTOCOL AGREEMENT: (If more than one location, list the primary practice location for the APRN)			
STREET NUMBER		STREET NAME	SUITE #
CITY	STATE	ZIP CODE	COUNTY
(AREA CODE) PHONE NUMBER ()	(AREA CODE) FAX NUMBER (OPTIONAL) ()		
ADVANCED PRACTICE REGISTERED NURSE (APRN) INFORMATION			
RN#: _____ <input type="checkbox"/> Nurse Practitioner - specify TYPE - Family, Adult, Pediatric, etc. _____ <input type="checkbox"/> Certified Nurse Midwife <input type="checkbox"/> Clinical Nurse Specialist - Psychiatric/Mental Health <input type="checkbox"/> Clinical Nurse Specialist - OTHER than Psychiatric/Mental Health			DEA REGISTRATION #: _____ (IF ALREADY ISSUED) <input type="checkbox"/> CHECK HERE IF PENDING OR WILL APPLY LATER
LAST NAME	FIRST NAME	MIDDLE	

LICENSE HISTORY	
Delegating Physician	Advanced Practice Registered Nurse (APRN)
CURRENT LICENSE EXPIRATION DATE: (MM/DD/YY)	CURRENT LICENSE EXPIRATION DATE: (MM/DD/YY)
ANY RESTRICTIONS ON CURRENT GA LICENSE:	ANY RESTRICTIONS ON CURRENT APRN LICENSE:
CURRENT STATUS OF LICENSE:	CURRENT STATUS OF LICENSE:

The undersigned acknowledges having read and understood Rule 360-32 "Nurse Protocol Agreements Pursuant to OCGA 43-34-25."

DELEGATING PHYSICIAN SIGNATURE _____	E-MAIL ADDRESS (REQUIRED) _____	DATE _____
APRN SIGNATURE _____	E-MAIL ADDRESS (REQUIRED) _____	DATE _____