



GEORGIA COMPOSITE MEDICAL BOARD LICENSURE OF PAIN MANAGEMENT CLINICS GENERAL INFORMATION AND CHECKLIST

GENERAL INFORMATION

Official Code of Georgia Annotated, 43-34-282 'Pain management clinic' means a medical practice advertising 'treatment of pain' or utilizing 'pain' in the name of the clinic or a medical practice or clinic with greater than 50 percent of its annual patient population being treated for chronic pain for non-terminal conditions by the use of Schedule II or III controlled substances. This term shall not include any clinic or practice owned, in whole or in part, or operated by a hospital licensed pursuant to Chapter 7 of Title 31 or by a health system or any ambulatory surgical center, skilled nursing facility, hospice, or home health agency licensed pursuant to Chapter 7 of Title 31.

Official Code of Georgia Annotated 43-34-283(a), provides that on and after July 1, 2013, all pain management clinics shall be licensed by the board and shall biennially renew their license with the board. In the event that physicians in a pain management clinic practice at more than one location, each such location shall be individually licensed by the board, and such license shall be nontransferable.

EMPLOYMENT IN GEORGIA. It is strongly recommended that you DO NOT practice or operate a pain management clinic until your Georgia pain management clinic license number has been issued.

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.

REVISED: 8/29/2013

PAIN MANAGEMENT CLINICS
GENERAL INFORMATION AND CHECKLIST

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 - PAIN MANAGEMENT

- APPLICATION FEE.** Make your check or money order payable to: Georgia Composite Medical Board.
- BUSINESS LICENSE.** Attach a copy of your current business license with your application. If you have more than one location, provide a copy for **each location**.
- PAIN MANAGEMENT CLINIC REGISTRATION APPLICATION.** Complete the application in its entirety. **NOTE: EACH OWNER, PRINCIPAL, OFFICER, OR AGENT MUST SUBMIT SECTION III (OWNER QUESTIONNAIRE – PAGES 5-6) OF THE APPLICATION.**
- CRIMINAL BACKGROUND CHECK.** Per O.C.G.A. Sec. 43-34-283(d), the board may cause a thorough investigation of the applicant to be made, and such investigation may include a criminal background check. **NOTE: EACH OWNER, PRINCIPAL, OFFICER, AGENT OR MANAGING EMPLOYEE MUST COMPLETE SECTION IV (PERSONNEL CERTIFICATION FORM - PAGES 7-8) OF THE APPLICATION.**
- 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.** From each owner, principal, officer or agent, send 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**.
 - A. Self-query the National Practitioner Data Bank www.npdb-hipdb.com
 - B. Mail the NPDB report in the sealed envelope to the Board.
- If your clinic will employ a practicing physician , physician assistant and/or advance practice registered nurse a National Practitioner Data Bank Report and Health Integrity and Protection Data Bank Report** will also be required.
 - A. Self-query the National Practitioner Data Bank www.npdb-hipdb.com
 - B. Mail the NPDB report in the sealed envelope to the Board.
- DEA DOCUMENTATION.** Submit a copy of your DEA Registration number. This is required for all physician's, physician assistants and advance practice registered nurses working in a pain clinic who have a DEA.

GRANDFATHERING EXEMPTION

If your clinic **DOES NOT** have **100% physician ownership** and you were operating as a pain management clinic on **6/30/2013**, you must fall into one of the categories below to be considered for exemption from the **100% physician ownership** requirement.

- A. The pain management clinic is jointly owned by one or more physician assistants or advanced practice registered nurses and one or more physicians.
- B. The pain management clinic is **NOT** majority owned by physicians licensed in this state.

PLEASE REFER TO THE CHECKLIST ABOVE TO SUBMIT THE REQUIRED DOCUMENTATION FOR GRANDFATHERING EXEMPTION.

REVISED: 8/29/2013

PAIN MANAGEMENT CLINICS

GENERAL INFORMATION AND CHECKLIST