

FORM H
REQUEST FOR TEMPORARY LICENSE

GEORGIA COMPOSITE MEDICAL BOARD
FEES EFFECTIVE JULY 1, 2010

MEMORANDUM

TO: GEORGIA COMPOSITE MEDICAL BOARD

FROM: _____
PRINT OR TYPE YOUR NAME HERE

RE: REQUEST FOR TEMPORARY LICENSE

DATE: _____

I was informed on _____ that all administrative screenings have
DATE
been completed and I have met all the requirements by Georgia law for licensure. I
understand that my application will be presented to the Board on _____.
DATE

I now make formal request for a temporary license to be issued. I am enclosing the
required fee in the amount of \$150.00 made out to the Georgia Composite Medical
Board. I understand that this temporary license will be issued within 48 hours of receipt
of this request by the Board and will expire at the next scheduled Board meeting.

ATTACH CHECK FOR \$150.00 FEE HERE

I request that the temporary be mailed to the following address:

STREET ADDRESS

CITY STATE ZIP CODE

Sincerely,

SIGNATURE