

**FORM G**  
**EMPLOYER PROFESSIONAL LIABILITY INSURANCE**  
**For Auricular Detoxification Technician Licensure**

Name of Applicant: \_\_\_\_\_

Rule 360-6-.06(5) A license for an Auricular Detoxification Technician (ADT) is limited to and only valid for the employer designated at time of licensure. **The ADT licensee shall be covered by the professional liability insurance of the licensee's employer.**

**EMPLOYER INFORMATION:**

Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City/ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PROFESSIONAL LIABILITY INSURANCE INFORMATION:**

**Employer's Professional Liability Insurance Company:**

\_\_\_\_\_

Address: \_\_\_\_\_

City/ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Dates of Coverage:** from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Please mail your completed form to:

Georgia Composite Medical Board  
ATTN: Auricular Detoxification  
2 Peachtree Street, NW – 36<sup>th</sup> Floor  
Atlanta, GA 30303