

# FORM D LICENSE VERIFICATION

**INSTRUCTIONS:** Original verifications of license history certification is required for each permanent, temporary, training, provisional, or limited license obtained in any country. The issuing authority should mail the verification directly to the Medical Board. If licensed by examination, give the state.

**Section I: To be completed by the applicant.** Original verification history of all medical licenses you have held or currently hold is required – even if you have not worked in that state for 20 years or you got a license and never practiced in that state. List the Country, dates of licensure, licensed by examination.

**This form should be sent to each state in which you are now or ever have been licensed to practice medicine.**  
This form may be photocopied.

TO: \_\_\_\_\_ Board of Examiners

**I am applying for a Georgia Institutional License. The Georgia Composite Medical Board requires your Board to complete this form in order that my application for licensure may be considered. By signing this form, I give my consent to the release of any information, favorable or otherwise, for its review in considering me for licensure. Please mail the completed form as soon as possible to the Board at the address listed below.**

My license number: \_\_\_\_\_ was issued by your Board on \_\_\_\_\_ on the basis of

_____	_____	_____
FULL NAME	STREET ADDRESS	APT. NO.
_____	_____	_____
SIGNATURE	CITY	STATE ZIP

**Section II: This Section To Be Completed By An Official of The Above Referenced Licensing Board.**

**Do Not Return This Form To the Applicant, but mail it directly to:**

**Georgia Composite Medical Board  
ATTN: INSTITUTIONAL PHYSICIAN LICENSURE  
2 Peachtree Street, NW - 36th Floor  
Atlanta, Georgia 30303**

Medical License Number \_\_\_\_\_ to practice medicine and surgery in the  
Country of \_\_\_\_\_ was issued on \_\_\_\_\_ to Dr. \_\_\_\_\_.

Is license current and in good standing?  Yes  No

Has any disciplinary action ever been taken against this physician?  Yes  No

PLEASE PROVIDE COMPLETE DETAILS, INCLUDING COPIES OF ANY DOCUMENTS.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
State Board

BOARD SEAL MUST BE IMPRINTED HERE