



## **GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS**

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### **REINSTATEMENT APPLICATION FOR PHYSICIAN LICENSURE** **GENERAL INFORMATION**

#### **ENSURE YOU HAVE THE RIGHT APPLICATION**

**Important Note** – Before you continue beyond this point, ensure you have the correct application and are applying for **REINSTATEMENT OF YOUR PHYSICIAN LICENSE and not INITIAL APPLICATION FOR PHYSICIAN LICENSURE**. Initial Application of a Georgia medical license requires the completion of a different application.

#### **APPLICATIONS WILL NOT BE REVIEWED WITHOUT APPLICATION FEE**

Application Fee: **\$200.00**; If license placed on Inactive Status: Make check/money order payable to: **Georgia Medical Board**.

Application Fee: **\$400.00**; If license Revoked for non-renewal or other action: Make check/money order payable to: **Georgia Medical Board**.

#### **NOTE: WE WILL DISCUSS APPLICATION STATUS WITH THE APPLICANT ONLY, UNLESS A SPECIFIC POWER OF ATTORNEY AFFIDAVIT IS ON FILE WITH THE BOARD.**

Applications are confidential pursuant to State law. Therefore, application status updates must be obtained from the applicant. Please inform all hospitals, employers, recruiters, referral companies, family members, or insurance companies that application status updates must be obtained from you. A Specific Power of Attorney Form is included with the application packet for your use, if you want an agency or other individuals who you designate to handle the application process. The Specific Power of Attorney form must be **signed and notarized** in order to be accepted by the Medical Board.

#### **FALSIFICATION/MISREPRESENTATION**

Please be aware that falsification or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying or revoking a license.

#### **BRIEF OVERVIEW**

**Effective February 1, 2005** the Composite State Board of Medical Examiners will accept certain forms of Primary Source certification and verification of documentation **from the applicant, to be included in the reinstatement application packet only if it meets certain guidelines identified by the Board for each primary source documentation. Please refer to the Checklist for guidelines for submitting primary source documentation.**

Please read all application materials and instructions carefully. It takes approximately six (6) to eight (8) weeks to obtain a reinstatement license in Georgia. Please visit the Frequently Asked Questions (FAQ's) on our website for additional information regarding the processing of your application. In order for an application to go before the Medical Board for approval, it must be received as completed **15 business days** before the next monthly board meeting date. An application is complete when all primary source documentation has been received and reviewed, your application has met all administrative screenings, and a final quality assurance review has been completed on your application.

Applications are reviewed in date order of receipt. Submit all required documentation as soon as possible; however, without the application and fee, staff cannot begin the initial review of your application. It is recommended that applicants wait 15 business days, or until receipt of a deficiency letter, to contact the staff by phone regarding the status of their application. It is imperative for applicants to understand that the review process is guided by the requirements set forth in State law, which does not provide for any waivers to be granted by staff. **Physician Licensure Reinstatement applications are valid for one-year from date of receipt.**

#### **EMPLOYMENT IN GEORGIA. It is strongly recommended that you DO NOT accept employment to practice medicine in Georgia until your Georgia license number has been REINSTATED.**

#### **INTERNET DISCLOSURE OF PHYSICIAN'S ADDRESS**

Georgia law requires the Georgia Composite State Board of Medical Examiners to provide, upon written or verbal request, an address for each licensed physician. Public-record information pertaining to licensed physicians is available to the public through the Board's website ([www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov)).

The release of this information has highlighted the need for physicians to carefully consider the address they provide to the Board. Please be aware that the address you indicate as your address of record will be the address disclosed to all individuals making inquiries and will be utilized to mail all licenses, renewal notices, and other official correspondence from the Board. The Practice Location will be posted on the Internet.

You may choose your home address or your office address to be your address of record. If you list a P.O. Box as your primary address, you must also provide a secondary street address that will remain confidential. Georgia law requires that the Board be kept informed of any changes of address. Changes should be submitted in writing to the above address, and should include the license number, name, old address and new address.

#### **CONTACT INFORMATION**

If your last name begins with:	Please call:
<b>A, B, C, D, E, F, G, H</b>	<b>404-463-6162</b>
<b>I, J, K, L, M, N, O, P</b>	<b>404-657-6491</b>
<b>Q, R, S, T, U, V, W, X, Y, Z</b>	<b>404-656-7067</b>

## **REINSTATEMENT APPLICATION FOR PHYSICIAN LICENSURE CHECKLIST**

The CHECKLIST is intended to assist you with the filing of a complete application. Read all instructions on each page carefully and utilize the checklist as you are filling out the Reinstatement Application. All items listed that apply to your situation must be submitted in order for your qualifications for licensure to be assessed. When submitting copies of documents, please ensure they are **8-1/2 x11-inch copies** of the original. Do not submit two-sided copies of the application or documentation. **For quality and confidential purposes, facsimiles of application materials are not accepted. All application material must be original, unaltered, and official where required.**

**Effective February 1, 2005**, the Composite State Board of Medical Examiners will accept certain forms of Primary Source certification and verification of documentation **from the applicant, to be included in the reinstatement application packet (see checklist below), only if it meets the guidelines identified by the Board for each primary source documentation.**

- PRIMARY SOURCE VERIFICATION** - The following documentation may come with the application packet directly from the applicant if guidelines identified by the Board for the following primary source documentation are met:

**REFERENCE FORM – FORM B1**

TWO **Reference Forms** are required - one each from licensed physicians who **are not related to you** and have known you and have been familiar with your practice for **more than six months**. Complete your part of this form by filling out your name, address, city, state and zip code. **DO NOT COMPLETE THE SECTION FOR THE REFERENCE SOURCE.**

In addition, the forms must meet the following criteria:

- Sent by licensed physicians familiar with your practice and who have known you more than six months.
- Original signature and date of signature of reference source.
- The date of the reference source's signature is invalid six months of the date it was signed.
- **Faxed forms will not be accepted.**

The Reference Source should complete the reference form and return it to you in a **sealed envelope**. **Have the reference source sign his/her name across the back of the envelope. Do not open the envelope;** send it with your application packet. Formal letters of reference are not accepted in lieu of the Reference Form because questions on the form are required to be answered by the Composite State Board of Medical Examiners. **Altered envelopes which contain official, original, certified official documents will not be accepted. No whiteouts or strikeouts will be accepted.**

**NATIONAL PRACTITIONER DATA BANK (NPDB)/HEALTHCARE INTEGRITY AND PROTECTION DATA BANK (HIPDB)**

These data banks are mandated by Congress to track regulatory Board disciplinary actions and certain actions resulting from peer review and malpractice payments. This is to advise you that you must **self-query** the NPDB and the HIPDB on your own as part of the application process for a Georgia medical license. Simply query the data bank using the Internet address at [www.npdb-hipdb.com](http://www.npdb-hipdb.com), then click on Perform a Self-Query from the Quick List on the home page, or call 1-800-767-6732 from 8:30 am to 6:00 pm EST (8:30 to 5:30 on Fridays). When you receive the response, **do not open the envelope – send the envelope, unopened, directly to the Board along with your application packet. Altered envelopes which contain official, original, certified official documents will not be accepted.**

You do not have to submit the NPDB-HIPDB report if:

- You are presently unlicensed in any state;
- You have only held a temporary, limited or training license;
- Or if you are a Canadian licensed physician.

- PRIMARY SOURCE VERIFICATION - The following PRIMARY SOURCE DOCUMENTATION MUST COME DIRECTLY FROM THE ISSUING AUTHORITY DIRECTLY TO THE BOARD.**

**STATE BOARD LICENSE VERIFICATION FORM – FORM C1**

Original official, certified verifications of license history of all medical licenses you have held or currently hold is required for each permanent, temporary, training, provisional or limited license held, even if you have not worked in that state or in any state in the US or Canadian territory or province, and US federal jurisdiction for 20 years, or you got a license and never practiced in that state. List the State/Country, dates of licensure, licensed by examination, reciprocity, state board examination, USMLE, FLEX, LMCC, NBOME, NBME, etc. **Copy this form and send it to each medical state licensing board and request that state verification be sent directly to the Board.**

**THE FOLLOWING DOCUMENTATION MUST COME DIRECTLY FROM THE APPLICANT:**

**APPLICATION PAGES 1-5**

**MALPRACTICE QUESTIONNAIRE FORM – FORM E1**

Complete this form whether or not you have ever had malpractice filed against you. Copies of the Plaintiff's Complaint and either the Settlement agreement or Dismissal Order are required by the Board. The copies must be provided in an 8-1/2 by 11 format. For civil actions, provide all documentation of Complaint and Settlement Agreement or Dismissal Order. The Armed Forces have their documentation dealing with the same areas of complaint and adjudication – these must be provided as well. These can be your own copies, copies obtained from your attorney, the county court of jurisdiction, or the branch of service of the Armed Forces.

**CME – CONTINUING EDUCATION CREDITS**

Submit documentation of completing 80 Hours of continuing education within the last TWO years (i.e., for 2004, provide CME documentation for 2002 – 2004). Documentation submitted must meet Board approved programs. Please refer to our website; [www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov) for additional information on continuing education credits.

**FOR APPLICANTS WHO ARE NOT U.S. CITIZENS:**

If you are not a U.S. citizen, you must submit documentation that will determine if you have a qualified alien status. **Only those applicants who can provide proof will be granted a license.** The Board participates in the **DHS-USCIS SAVE** (Systematic Alien Verification for Entitlements or "SAVE") program for the purpose of verifying citizenship and immigration status information of non-citizens.

In order to confirm your status with the SAVE program, you need to provide the board with **legible** copies of **one** of the following document(s):

1. Valid (not expired) foreign passport with I-94 or I-551
2. Temporary resident alien card (I-688)
3. Permanent resident alien card (I-551)
4. Employment Authorization Card (I-766) or (I-688A)
5. Employment Authorization Document (I-688B)
6. Refugee Travel Document (I-571)
7. Reentry Permit (I-327)
8. Certificate of Citizenship
9. Naturalization Certificate
10. Machine Readable Immigrant Visa (with Temporary I-551 Language)
11. Temporary I-551 Stamp (on passport of I-94)
12. I-94 (Arrival/Departure Record)
13. I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
14. DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

**Please be sure that copies of any submitted documents are legible.** Use a good quality copier and increase the size of the copy if need be. If the following information is needed, it must be legible: Alien Number; Card Number; Document Expiration Date; SEVIS ID Number. One or all of these numbers or dates may be required when we submit your information to SAVE. If we cannot read what you have submitted, we will be unable to submit your information to the SAVE program, which will delay the consideration of your application.

**AFFIDAVIT OF APPLICANT**

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, magazine, yearbook, wedding, birthday, family outing, 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. No whiteouts or strikeouts are accepted.**

**CV/RESUME**

The Georgia Composite State Board of Medical Examiners requires that applicants for licensure provide a Curriculum Vitae. This document should be a chronological representation of all **education, employment, and medical activities, including your present position, employment, and specialty.** **Give a complete chronological accounting of any gaps in training or experience.**

**BOARD CERTIFICATION**

If you are Board Certified, include a copy of your board certificate.

**EXAMPLE OF SPECIFIC POWER OF ATTORNEY – FORM G1**

If you want an agency or other individuals who you designate to handle the reinstatement process, a Specific Power of Attorney form must be **signed and notarized** in order to for the staff to discuss your application status with anyone other than the applicant.