

**TEMPORARY POSTGRADUATE TRAINING PERMIT  
TRAINING PERMIT PROCESS – INFORMATION FOR APPLICANTS**

The Medical Board’s Licensing Section works to protect the consumer through the proper review and licensing of physicians (MDs and DOs). The comprehensive review of an application provides that licensees have the requisite qualifications and education credentials per Georgia law so that they may practice medicine.

While the licensing staff understands the sense of urgency experienced by each applicant, they are responsible for reviewing many files and staff cannot complete the review of a file if the required documentation is missing. It is imperative for applicants to understand that the review process is guided by the requirements set for in State law, which does not provide for any waivers to be granted by staff.

1. We will discuss the application status with the applicant and Program Director ONLY associated with the temporary training permit.
2. Applications are reviewed in the date order of receipt.
3. Applicants should submit all required documentation as soon as possible; however, without both the application and fee, staff cannot begin the initial review process.
4. All fees are **nonrefundable**.

Once an application for a temporary residency-training permit has been received, staff must complete the initial review within **30** days. The applicant is then notified in **writing** of the application status and given an itemized list of documents needed to complete the file (if required).

A \$100.00 **nonrefundable** fee should be submitted along with your application. Board regulations require you to keep the Medical Board informed of changes in address for mailing and work, and associated phone numbers. Please use the checklist below to ensure that you have enclosed all the required documents:

**APPLICANT CHECKLIST**

<input type="checkbox"/>	<b>\$100 Application Fee Enclosed</b>
<input type="checkbox"/>	<b>Complete Application Pages 1-2</b>
<input type="checkbox"/>	<p><b><u>FOR APPLICANTS WHO ARE NOT U.S. CITIZENS:</u></b></p> <p>If you are <u>not</u> a U.S. citizen, you must submit documentation that will determine if you have a qualified alien status. <b>Only those applicants who can provide proof will be granted a license.</b> The Board participates in the <b>DHS-USCIS SAVE</b> (Systematic Alien Verification for Entitlements or "SAVE") program for the purpose of verifying citizenship and immigration status information of non-citizens.</p> <p>In order to confirm your status with the SAVE program, you need to provide the board with <b>legible</b> copies of <b>one</b> of the following document(s):</p> <ol style="list-style-type: none"> <li>1. Valid (not expired) foreign passport with I-94 or I-551</li> <li>2. Temporary resident alien card (I-688)</li> <li>3. Permanent resident alien card (I-551)</li> <li>4. Employment Authorization Card (I-766) or (I-688A)</li> <li>5. Employment Authorization Document (I-688B)</li> <li>6. Refugee Travel Document (I-571)</li> <li>7. Reentry Permit (I-327)</li> <li>8. Certificate of Citizenship</li> <li>9. Naturalization Certificate</li> <li>10. Machine Readable Immigrant Visa (with Temporary I-551 Language)</li> <li>11. Temporary I-551 Stamp (on passport of I-94)</li> <li>12. I-94 (Arrival/Departure Record)</li> <li>13. I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)</li> <li>14. DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)</li> </ol> <p><b>Please be sure that copies of any submitted documents are legible.</b> 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.</p>

## **APPLICANT CHECKLIST (con't)**

<input type="checkbox"/>	<b>Form A - Affidavit of Applicant Form and Photo Enclosed</b>
<input type="checkbox"/>	<b>Form B - Certificate of Postgraduate Training Form completed, signed by Program Director, and notarized.</b>
<input type="checkbox"/>	<b>Form C - VERIFICATION STATEMENT - Graduate Medical Education Committee (GMEC) &amp; Parent Program Form Completed and Signed (if applicable)</b>
<input type="checkbox"/>	<b>Form D – Change of Program Director Form – If you are changing Program Directors, your new Program Director must complete this form.</b>
<input type="checkbox"/>	<b>Evidence of graduation from a medical or osteopathic school approved by the Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA) or the Liaison Committee on Medical Education Enclosed; or</b>
<input type="checkbox"/>	<b>If a graduate of a “foreign” medical school, evidence of holding a valid certificate issued by ECFMG or having successfully completed a fifth pathway program established in accordance with AMA criteria and passing the ECFMG qualifying medical component examination enclosed.</b>
<input type="checkbox"/>	<b>Other – (Please describe)</b>