

APPLICATION FOR TEMPORARY POSTGRADUATE TRAINING PERMIT

BASIC INFORMATION

INSTRUCTIONS: Provide your **full** legal name, in the format indicated on the application. This is the name that will be printed on the permit card, reported to hospitals and those who inquire about your training permit.

In order to be considered for a temporary Postgraduate Training Permit, you must provide one of the following: 1) 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; or 2) 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**.

LAST NAME	FIRST NAME	MIDDLE NAME
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MAIDEN NAME (IF APPLICABLE)	DEGREE (MD OR DO)
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Other names under which material may be submitted – Do not use nicknames	NAME OF MEDICAL SCHOOL	GRADUATION DATE
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DATE OF BIRTH (MM/DD/YY)	CITY	STATE	COUNTY
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US Social Security Number:

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This information is authorized to be obtained and disclosed to state and federal agencies by O.C.G.A. § 19-11-1 and O.C.G.A. § 20-3-295, 42 U.S.C.A. § 651 and 20 U.S.C.A. § 1001. This information also **may** be disclosed to the National Practitioner's Data Bank (NPDB) or other state medical boards or regulatory agencies for license tracking purposes.

I do **not** wish this information to be released to the NPDB or other medical boards or other regulatory agencies for license tracking purposes.

INSTRUCTION: Provide your mailing address. Board Rules and Regulations require that you keep the Board informed of any address changes to include street address, city, state, zip code, and phone number. If you have an address change during the application process, you may fax this change to 404-651-7864. This should include the old address and the change. The importance of your address is evident during the renewal process as training permits expire annually on June 30. **NOTE: FOR TEMPORARY TRAINING PERMIT HOLDERS, YOUR BUSINESS ADDRESS WILL BE USED AS THE PRIMARY MAILING ADDRESS TO RECEIVE MAIL FROM THE BOARD.** The address you provide should be an address that you do not mind having posted on the internet. The Board does require a street address for its records if you use a PO Box as your mailing address.

RESIDENCE STREET ADDRESS	APARTMENT #
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CITY	STATE	ZIP CODE	COUNTY
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(AREA CODE) PHONE NUMBER	(AREA CODE) FAX NUMBER (OPTIONAL)	E-MAIL ADDRESS (OPTIONAL)
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BUSINESS STREET ADDRESS	SUITE #
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CITY	STATE	ZIP CODE	COUNTY
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(AREA CODE) PHONE NUMBER	(AREA CODE) FAX NUMBER (OPTIONAL)	E-MAIL ADDRESS (OPTIONAL)
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NAME: _____

SS#: _____

TEMPORARY POSTGRADUATE TRAINING PERMIT APPLICANT QUESTIONNAIRE

If you answer, "YES" to questions 1-22, you are required to furnish complete details, including date, place, reason and disposition of the matter. Failure to furnish the documentation may result in a delay in the application process.

YES NO GMB

1. Have you been or are you currently being treated, diagnosed or hospitalized for any mental illness or disorder, or drug or alcohol abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been arrested for and/or convicted of a violation of any Federal (including military), State or Local State statute?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been denied the privilege of taking an examination given by any licensing Board or agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Has any licensing Board or agency ever denied you a certificate or a license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any licensing Board or agency ever refused you renewal of a certificate or a license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been denied a DEA registration number?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever been issued a restricted DEA registration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you currently registered with the DEA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you are registered with the DEA, provide the number and state of issue below: _____ State of issue _____			<input type="checkbox"/>
9. Have you ever had any malpractice suits filed against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been denied membership in or in any way sanctioned by any medical or osteopathic association, society, or specialty society?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever resigned from a hospital staff position or training program after a complaint or peer review action has been initiated against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever voluntarily surrendered a medical license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you ever voluntarily surrendered a controlled substance registration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever voluntarily surrendered a DEA registration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. To your knowledge, are you the subject of an investigation by any licensing Board or agency as of the date of this application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you have any applications for licensure pending before any other licensing Board or agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever had any restrictions as a Medicaid or Medicare provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Are you in default on a state or federally funded and/or guaranteed school loan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Are you in default on child support payments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever transferred from one graduate medical education program to another?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Have you ever been terminated from a graduate medical education program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever resigned from a graduate medical education program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>