



## PHYSICIAN'S ASSISTANT APPLICANT QUESTIONNAIRE

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, YOU ARE REQUIRED TO ATTACH COMPLETE DETAILS, INCLUDING DATE, PLACE, REASON, AND DISPOSITION OF THE MATTER (INCLUDE COPIES OF COURT ORDERS OR MALPRACTICE SUITS IF APPLICABLE) AND MAIL THIS FORM WITH APPROPRIATE DOCUMENTS DIRECTLY TO THE GEORGIA MEDICAL BOARD.		YES	NO
1.	Have you ever been treated or hospitalized for mental illness, drug or alcohol abuse during the last seven years? (Provide the Board with all treatment history documentation to include diagnosis, treatment regimen, medical regimen, hospitalization, and on-going treatment/medication.)	—	—
2.	Have you ever been convicted of a violation of any National, Federal (including military) State or local Statute?	—	—
3.	Have you ever been denied the privilege of taking an examination by any State licensing board or been denied a certificate/licensure, or refused renewal of a certificate or license by any licensing board or agency?	—	—
4.	Has any state licensing board revoked, suspended a license, permit or certificate issued to you or taken any other disciplinary action?	—	—
5.	Have you ever had any malpractice suits filed against you?	—	—
6.	Have you ever had your hospital privileges limited, denied or revoked?	—	—
7.	Have you ever resigned from a hospital after a complaint has been initiated against you, or for any other reason?	—	—
8.	Have you ever had any restrictions as a Medicaid or Medicare provider?	—	—
9.	Have you ever voluntarily surrendered your PA certificate/license?	—	—
10.	To your knowledge, are you the subject of an investigation by any licensing Board or any other agency as of the date of this application?	—	—
11.	Is this application for an additional primary supervising physician?	—	—
12.	Are you resigning for your current supervising physician/position? If yes, please complete Form H - Resignation Notification Form and submit with your completed application.	—	—
13.	Are you requesting additional duties? If yes, download <b>Form B - Additional Duties Request Form</b> from our website. Submit this form with your completed application.	—	—