

FORM B
TEMPORARY POSTGRADUATE TRAINING PERMIT
CERTIFICATE OF POSTGRADUATE TRAINING

INSTRUCTION: To be completed by the facility for every medical school graduate completing postgraduate training in the United States or Canada.

Rule: Chapter 360-2-.02(1) Applications for a medical license must be complete, including all required documentation, signatures and seals. . .

PART 1: To be completed by the Applicant

LAST NAME FIRST NAME MIDDLE INITIAL

DATE OF BIRTH	TELEPHONE NUMBER	WORK:
	HOME:	

CURRENT TRAINING PROGRAM BUSINESS ADDRESS:
 (NOTE: This address will be used as the primary mailing address to receive mail from the Board)

CITY	STATE	ZIP CODE
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PART 2: To be completed by the Program Director
PROGRAM DIRECTOR'S AFFIDAVIT

TYPE OF PROGRAM (CHECK ONE)

Post Graduate Year:

Clinical Fellow:

Name of Training Program:

Beginning date of training:	Projected Program Completion Date:	

This portion of the application must be completed by the Program Director who is licensed in this State.

I hereby recommend the above applicant be granted a postgraduate training permit. I hereby certify that he/she will limit his/her practice to such acts as may be prescribed by or incidental to the training program, that he/she may train only under the supervision of physicians responsible for supervision as part of the training program and may practice in facilities affiliated with the program only if such practice is part of the training program for which the permit is granted. I hereby recommend the above applicant be granted a postgraduate training permit. I hereby certify that he/she will limit his/her practice to such acts as may be prescribed by or incidental to the training program, that he/she may train only under the supervision of physicians responsible for supervision as part of the training program and may practice in facilities affiliated with the program only if such practice is part of the training program for which the permit is granted. I understand that I must report to the Board the following within 15 days of the event: any disciplinary action taken against the permit holder for any ground or violation enumerated in O.C.G.A. §§ 43-34-37 and 43-1-19, the permit holder's withdrawal or termination from or completion of a postgraduate training program or the permit holder leaving the program for any length of time in excess of two weeks.

Please type or print:

Program Director's Name	Title
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Signature

HOSPITAL SEAL OR
 NOTARY STAMP MUST BE
 IMPRINTED HERE

Sworn to and subscribed before me this

_____ day of _____, _____

DATE MONTH YEAR

SIGNATURE OF NOTARY PUBLIC

EXPIRATION STAMP must be stamped here