



PROFILE UPDATE AND CORRECTION FORM
2 Peachtree Street, N.W., 6th Floor ♦ Atlanta, GA 30303
medbd@dch.ga.gov

You may also make corrections to your profile at our website at <https://gcmb.mylicense.com/egov>
You will need your **User ID** and **Password** to make updates to your physician profile.

DATE: _____

NAME: _____ **LICENSE #** _____

PRACTICE ADDRESS: _____

The physician may request a copy of the profile and may submit corrections to the Board. The Board shall verify corrections and make changes to the profile **within five business days** of receipt of the corrected information by the Board.

A Judgment, award, settlement, revocation, resignation, or disciplinary action shall be reported by the physician to the Board **within ten days** of such event. The board shall update the physician profile with such changes **within ten days** of receipt of such information. A copy of the award, settlement, revocation, or disciplinary must be mailed to the Board with this form. The physician cannot update **certain information** once a physician profile has been entered.

All other changes to the physician profile shall be reported by the physician to the Board **within 30 days** of the change, and the Board shall verify and update the physician profile with such new information **within 15 days**.

Indicate question(s) number(s) you wish to correct. Provide a detailed explanation of the inaccuracy. If space is insufficient for your response, attach an additional page, being sure to number the response to match the appropriate question.

QUESTION # _____

Physician Name: _____ License Number: _____

QUESTION # _____

QUESTION # _____

QUESTION # _____

Physician Name: _____ License Number: _____

QUESTION # _____

I swear or affirm that the statements that I have entered are true and correct and that I understand that my profile may be selected for verification of the information provided. I recognize that providing false information or incomplete information may result in disciplinary actions against my license pursuant to O.C.G.A. §§ 43-1-19 and 43-34-37 and may result in criminal penalties.

Signature of Physician

Date

Revision: 8/26/2021