

INSTRUCTIONS FOR COMPLETING THE PHYSICIAN PROFILE QUESTIONNAIRE (FOR PHYSICIANS ONLY)

COMPLETING THE PHYSICIAN PROFILE ONLINE

The physician profile may be completed online by visiting our web site at <https://gcmb.mylicense.com/egov>

You will need your **User ID** and **Password** to complete the Profile Questionnaire online. The system will allow you to complete your Profile Questionnaire at anytime. You may complete it all at one time or finish at another time without losing the data you have already entered.

Your Physician Profile will be created from the information you provide by navigating through the menu selections.

COMPLETING THE PHYSICIAN PROFILE HARD COPY

If you choose to submit your forms in writing, complete all forms by printing neatly in block letters in ballpoint pen or typing the information. If a question does not apply to you, indicate so by marking the questions DNA. Incomplete or omitted information may delay meeting the deadline or cause your questionnaire to be returned to you. *Illegible questionnaires will be returned. A CV in lieu of the profile questionnaire is not acceptable.*

The following numbered sections correspond to the matching sections on the questionnaire form.

I. PHYSICIAN DATA

Complete section one, noting the following:

- Name (Online, name and license number appear if User Identification and PIN Number are correct)
- License number: Fill in your license number and **check appropriate box MD or DO**
- Reciprocity: If not Georgia, state where you received your first license to practice and date.
- Addresses: A current practice address (if applicable) must be provided if you are currently practicing, a post office box is not acceptable. Please provide your practice address for publication.
- Practice Location History. List the city, state and country of licensure, and dates for all of your practice locations.
- Medicaid. Indicate whether or not you currently accept Medicaid patients.
- Medical Malpractice Insurance. Indicate whether or not you carry medical malpractice insurance.

II. MEDICAL EDUCATION AND TRAINING

Beginning with the most recent, list all medical graduate and postgraduate education and training completed. Exclude any program or course taken to satisfy continuing education requirements for licensure renewal. Provide information about medical and osteopathic degrees you have received including your licensure degree.

III. SPECIALTY BOARD CERTIFICATIONS

Provide information on any certification, specialty, or subspecialty from any specialty board regulating the profession for which you are certified. **Only respond to this question if you are Board Certified.**

Published profiles will include the following disclosure:

Please note that many valid certifying specialty boards do not participate in the American Board of Medical Specialties (1-866-ASK-ABMS or www.abms.org) and actual verification of a physician's board certification is best accomplished by contacting the individual certifying specialty board.

IV. CURRENT HOSPITAL STAFF PRIVILEGES

List all hospitals at which you currently hold staff privileges. The term “hospital” means a facility that provides inpatient and outpatient care and services for the diagnosis and treatment of medical conditions.

INFORMATION REPORTED IN SECTIONS V (FIVE) THROUGH VIII (EIGHT) SHALL BE REPORTED TO THE BOARD WITHIN TEN DAYS OF JUDGMENT, AWARD, SETTLEMENT, REVOCATION, RESIGNATION, OR DISCIPLINARY ACTION. THE BOARD SHALL UPDATE THE REQUIRED PROFILE INFORMATION WITHIN TEN DAYS OF RECEIPT.

THE PHYSICIAN SHALL REPORT ALL OTHER PROFILE CHANGES TO THE BOARD WITHIN 30 DAYS OF THE CHANGE. THE BOARD SHALL VERIFY AND UPDATE THE NEW INFORMATION WITHIN 15 DAYS OF RECEIPT OF THE NEW INFORMATION.

V. FINAL DISCIPLINARY ACTION

These questions refer to final disciplinary or adverse actions taken on or after April 11, 2001, whether in this state or any other jurisdiction, by a licensing authority including its agencies or subdivisions, for a violation that under Georgia law would constitute final disciplinary action. The licensing authority's acceptance of a relinquishment of licensure, stipulation, consent order, voluntary surrender, or other settlement, offered in response to or in anticipation of the filing of charges against the licensee, shall be construed as action against the licensee.

The term disciplinary action includes but is not limited to the following actions taken on or after April 11, 2001. This applies to any final, public disciplinary action by a regulatory board or hospital and a description of any second or subsequent final private reprimand by a licensing board.

Regulatory Boards

- Fines
- Limitation/Restriction on practice
- Probation
- Reprimands
- Revocation
- Suspension
- Voluntary relinquishment in lieu of disciplinary action.

Hospitals

- A description of any final revocation or any final disciplinary action resulting in any restriction of hospital privileges, either involuntary or by agreement, for reasons related to competence or character in the most recent ten years.
- Resignation from or non-renewal of medical staff membership or the restriction of staff privileges at a hospital taken in lieu of or in settlement of a pending disciplinary action related to competence or character in the most recent ten years.

VI. CRIMINAL OFFENSES

This section requires you to report **any** state or federal (includes military) felony convictions, which includes felony charges to which a plea of nolo contendere was entered. Convictions must be reported, irrespective of the pendency or availability of an appeal. This section does not have a date limitation. All felony convictions must be reported.

Section VII – VIII

**MEDICAL MALPRACTICE JUDGMENTS, ARBITRATION AWARDS
AND MEDICAL MALPRACTICE SETTLEMENTS.**

Published profiles will include the following disclosure:

“Settlement of a claim may occur for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.”

**VII. – VIII. MEDICAL MALPRACTICE JUDGMENTS, ARBITRATION
AWARDS AND MEDICAL MALPRACTICE SETTLEMENTS**

This section requires you to indicate certain final medical malpractice court judgments, medical malpractice arbitration awards, or medical malpractice settlements entered on or after April 11, 2001.

Pending malpractice claims shall not be disclosed. No such settlement, which occurred more than ten years prior to the date of the profile, shall be included in any physician profile.

IX. OPTIONAL INFORMATION

This section is voluntary. You may **briefly** describe and submit certain optional information regarding your professional practice within the most recent ten years. This may include translation services available in your practice, appointments to medical school faculties, articles in professional publications and journals, and professional or community service membership activities and awards.

X. PHYSICIAN COMMENTS

The board shall include in a physician’s profile, comments submitted by the physician regarding information published in the physician’s profile. Such comments **shall not** exceed 100 words. The physician has 30 days to submit comments from the date of receipt of the profile or any amended profile.

WE ENCOURAGE YOU TO COMPLETE YOUR PROFILE ONLINE.