

Simple Application Checklist

For Adding or Changing a Primary Supervising Physician for a PA or AA in Georgia

**FOR ALL OF THESE FORMS, EITHER UPLOAD TO EGOV OR EMAIL
TOGETHER AT: gcmb.paandaa@dch.ga.gov. PLEASE DO NOT
PHYSICALLY MAIL DOCUMENTS.**

Applicant Must Submit:

1. Add/Change Supervising Physician Application
2. Basic Job Description:
 - Form E (Physician Anesthesiologist Assistant)
 - OR Form F (Physician Assistant – Primary Care)
 - Must include ORIGINAL SIGNATURES of the applicant and the primary supervising physician.
 - Supervising physician must list all alternate supervising physicians, if applicable.

Optional Forms Based on Your Circumstances:

- Form B (Request for Additional Duties)
- Form H (Separation Notification Form)
- Form J (Specific Power of Attorney)

FOR ADDITIONAL INFORMATION PLEASE SCROLL DOWN

- **FORM E (AA)/ Form F (PA)**

- If you are applying **"without"** a noted physician, please confirm in writing that you have read and understand the GA work/practice rule.
- If you have confirmed in writing that you will apply **"with"** a noted physician, complete the appropriate checklist document:
 - **Basic Job Description E:** Use this form for Anesthesiologists only.
 - **Basic Job Description F:** Use this form for Physician Assistants only.
- All signatures can be DocuSign and/or electronic signatures.
- The form **must be signed and dated by the PA/AA** (Indicate "pending" for the PA/AA license ID# blank line).
- The form **must also be signed and dated by the supervising physician** (with a GA ID#).
- **Alternates:**
 - You can list alternates on the form.
 - All alternate signatures must include full name, signature, and date (no blank lines).
 - Use as many pages of the Basic Job Description E/F as needed for listing alternates.
- **AC1 Form:** Do not complete the AC1 form; it will not be accepted.
- **Supervising Physician Name:**
 - The supervising physician's name **must match** the name on the Utilization Form.
- **Upload Instructions:**
 - You can upload the form to your account as a PDF, naming it "FORM E" or "FORM F."
- **Alternates Requirement:**
 - Indicate at least one (1) alternate for the type of primary practice setting (e.g., hospital, emergency room, correctional facility ONLY).
- **Note:**
 - This form cannot be completed by the same proposed primary or alternate supervising physician who is submitting a reference form with your application.
 - Confirm with the noted physician to verify that the potential supervising physician does not already have four (4) PAs and/or eight (8) AAs posted to the system.

CIRCUMSTANTIAL FORMS

- **Form B**

- Full name and license number
- Specific duty requested (one per form)
- Number of times performed under supervision
- Duration performed (days, weeks, months)
- Prior board approval for this duty (Yes/No)
- Number of times performed under prior supervising physician (if applicable)
- Verification from prior supervising physician (Yes/No)
- ACLS certification (Yes/No, submit copy if applicable)
- Certification of competency (observation, coursework, CME, training, case log)
- Statement of ability to manage complications
- Sedation setting (if applicable): Hospital, Surgery Center, Medical Office, Medi Spa
- Sponsoring physician's info: name, license number, signature, date, address, certifications

- Physician Assistant's name and signature
- **Form J – Specific Power of Attorney Requirements:**
 - Authorizes your designee to make inquiries to the Board regarding your application.
 - Must be submitted with the Initial Application.
 - Include the applicant's full name.
 - List names and contact information for all designated agents.
 - Applicant's signature and date required.
 - Notarize the form with a seal, signature, and date.
 - The form expires upon license grant, application denial, or written revocation.
- **Form H Separation Notification Form for Physician Assistants**
 - **Physician Assistant Statement:**
 - Notice to the Georgia Composite Medical Board that Doctor [Physician's Full Name] is no longer a primary supervising physician.
 - Effective date: [Month/Day/Year]
 - Physician's license number
 - Physician Assistant's name and license number
 - Physician Assistant's signature and date signed
 - **Physician's Statement:**
 - Notice to the Georgia Composite Medical Board that [Physician Assistant's Full Name] is no longer under supervision.
 - Effective date: [Month/Day/Year]
 - Physician's signature and date signed