



**GEORGIA COMPOSITE MEDICAL BOARD
GENERAL INFORMATION AND CHECKLIST
ADD, DELETE, REVISE PHYSICIAN ASSISTANT INFORMATION**

FEE INFORMATION – Remit check, or money order made payable to Georgia Composite Medical Board.

- \$75.00 **Add** Physician Assistant
- \$0.00 **Revise** Physician Assistant
- \$0.00 **Delete** Physician Assistant

Rule 360-8-.05 Notifications to the Board

- (2) The licensee must notify the Board at least ten (10) days **prior to the occurrence** of the following:
- (b) Employment of a new physicians, physician assistant, or advanced practice registered nurse in a licensed pain management clinic. The notification must be on a form approved by the Board and must include appropriate supplemental documentation including a criminal background check. **Although prior approval by the Board is not required, the employment of a person who does not qualify for employment at a pain clinic under the law and rules of the Board is grounds for disciplinary action against the clinic license.** A clinic license holder may voluntarily submit notification with a request for prior Board approval to verify that a person does qualifies for employment under the laws and rules of the Board.

Brief Overview

In order for an application to go before the Board for approval, it must be received as completed 10 business days before the next scheduled Board meeting. Completion of an application is when all primary source documentation has been received and reviewed, your application has met all administrative screenings, and a final quality assurance review has been completed on your application.

Applications are reviewed in date order of receipt. Submit all required documentation as soon as possible, however, without the application and fee, staff cannot begin the initial review of your application. It is recommended that applicants wait 10 business days, or until receipt of a deficiency letter, to contact the staff by phone regarding the status of their application. It is imperative for applicants to understand that the review process is guided by the requirements set forth in State law, **which does not provide for any waivers to be granted by staff.**

APPLICATION PROCESSING INFORMATION

Mail the original application, application fee and all required documents to:

**Georgia Composite Medical Board
ATTENTION: PAIN MANAGEMENT CLINIC
APPLICATION FOR LICENSURE
2 Peachtree Street, N.W., 6th Floor
ATLANTA, GA 30303**

Contact Information:

Acknowledgement of your application will be sent by email. In some cases, you may have to check your spam/junk mail for the email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner.

REVISED: 3/2020

PAIN MANAGEMENT CLINIC - GENERAL INFORMATION AND CHECKLIST – ADD/DELETE/REVISE PHYSICIAN ASSISTANT

All items listed that apply to your situation **MUST** be submitted. All copies must be 8-1/2 x 11, single-sided and official where required. For quality and confidential purposes, facsimiles of application materials are not accepted. All application material must be original, unaltered, and official where required. **No white outs or strike outs will be accepted. APPLICATIONS ARE VALID FOR 6-MONTHS FROM DATE OF RECEIPT.**

- APPLICATION PAGE 1.** Complete this page in its entirety.
- APPLICATION PAGE 2.** Complete this page in its entirety.
- APPLICATION PAGE 3.** If you are **ADDING, DELETING** or **REVISING** the hours of a physician assistant, complete this page.
- APPLICATION PAGE 4 - PERSONNEL CERTIFICATION FORM.** If you are adding a physician assistant, have the physician assistant to complete, **SIGN AND DATE** this form so that a criminal background check maybe conducted.
- National Practitioner Data Bank Report and Health Integrity and Protection Data Bank Report** required for **all** physicians, physician assistants, and advance practice registered nurses who **will be practicing in the clinic.**
 - A. Self-query the National Practitioner Data Bank at www.npdb-hipdb.com
 - B. Once you have access to the NPDB report, the system will allow you to save a pdf file of the report to your desktop. You can then **EMAIL** that pdf file to tara.edwards@dch.ga.gov
- Proof that the physician assistant is registered with the Georgia Prescription Drug Monitoring Program (“PDMP”).** Each physician practicing at a pain clinic must regularly check the PDMP on all new and existing patients.
- DEA DOCUMENTATION.** Submit a copy of your DEA Registration number. This is required for all physicians, physician assistants and advance practice registered nurses working in a pain clinic who have a DEA.

REVISED: 3/2020

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