



Applying for a Physician License via the Board's Online Portal

The following guide is provided for information purposes only. If users have questions, they should contact the Board at medbd@dch.ga.gov.

1. Go to the GCMB's online portal (<https://gcmb.mylicense.com/egov>).
2. Enter your login credentials into the User Id and Password fields and then click "Login."

Georgia Composite Medical Board

Menu
Register a Person
Register a Business

Welcome to the
Georgia Composite Medical Board

In order to utilize the online services, you must first register with the eGov site. Please read the information below and choose the option that best fits your circumstance.

- If you wish to apply for a professional license, renew an existing license, enter your physician profile, request a name change or a duplicate license ID card, click [here](#) to register or select **Register a Person** from the menu on the left.
- If you wish to apply for a Pain Clinic license or register a Vaccine Protocol, renew an existing Pain Clinic license, submit a name or address change for a Pain Clinic, or request a duplicate Pain Clinic ID Card, select **Register a Business** from the menu on left.

If you have already registered with the eGov site, enter your user name and password in the fields below and select the login button to continue. If you have forgotten your password, please click [here](#).

User Id:
User ID is case sensitive

Password:
[Forgot your password?](#)

Login

3. This will take you to the home page for your account. To submit an application, click on the "Apply for a New License."

Georgia Composite Medical Board

Menu
Apply for a New License
Renew a License
Reinstate a License
Update Personal Information
Update License Information
Request Documents
Logout
Pending Prereqs

Please ensure that your browser is up-to-date, as sufficiently older versions of certain browsers may not support the necessary technologies this site requires to function correctly. Chrome version 80, Internet Explorer 11, and Firefox version 72 have been confirmed to support this site.

This site uses cookies and JavaScript. If cookies and/or JavaScript are blocked, some functions may not work correctly, including the ability to successfully submit payments. Please ensure that your browser is configured to allow both cookies and JavaScript on this site.

Licensing Home Page

The information below lists all license types issued to you by the GA Composite Medical Board. You will also see any current applications that are being processed. Click on the hyperlink for any license for additional details concerning the license selected. If any information on this page is incorrect, please return to the update page to make corrections to your personal information. If licensing information is incorrect, please contact the Board in writing at medbd@dch.ga.gov or via US mail at the address below.

Please note that after 20 minutes of inactivity, the session will time out and you will need to log in again to continue.

Name	Address	
Daniel Ray Dorsey	2 MLK Jr Drive SE East Tower, 11th Floor Atlanta, GA 30334	Update Personal Information

Licenses

No license

- Using the dropdown feature, select the profession of the license for which you want to apply.



- Then select the License Type. This guide shows the steps for applying for a Physician license.

License Type Selection

Profession:

License Type:

Obtained By Method:

Physicians

--Select License Type--

--Select License Type--

Educational Certificate

Institutional Physician

Physician

Physician Teacher

Telemedicine

Volunteer in Medicine

6. Then, select the Secondary Type.

A Full License allows a physician to practice medicine.

An Administrative License allows physicians to administrative medicine, which means “administration or management utilizing the medical and clinical knowledge, skill, and judgment of a licensed physician capable of affecting the health and safety of the public or any person but shall not include the practice of medicine.” A person holding an administrative medicine license shall not be authorized to perform any surgical procedure, write prescriptions, or practice any clinical medicine.

License Type Selection

Profession:	Physicians
License Type:	Physician
Secondary Type:	--Select Secondary Type--
Obtained By Method:	--Select Secondary Type-- Administrative Full

7. Then select the Obtained By Method. Most applicants should select “Application” here. Lastly, click on “Start Application.”

License Type Selection

Profession:	Physicians
License Type:	Physician
Secondary Type:	Full
Obtained By Method:	--Select Obtained By-- --Select Obtained By-- Application Application Military/Spouse obtainedBy24

[Start Application](#)

- 8. The links on the left side represent the different steps of the application. Red ones with an asterisk represent required fields. However, applicants should provide as much information for each section as possible.

Georgia Composite Medical Board

Applying For a License

Please be sure to have all information related to education, license history, and work history available when completing your application. If you need to stop, you may save your application and return later to complete it.

Please refer to the general information and checklist on the [GA Composite Medical Board website](#) for a complete list of all required documentation for your profession.

DO NOT SUBMIT YOUR APPLICATION WITHOUT ALL OF THE DOCUMENTATION AND FORMS REQUIRED. Doing so may significantly delay the processing of your application!

Upon completion of your application you will be prompted to pay the required application fee online via credit card. **Please note that application fees are non-refundable.**

All applications must be received by the 15th day of the month preceding the Board meeting. Applications are valid for 1 year from date of receipt.

Applicants must be at least 21 years of age and of good moral character.

- Physician Profile
- We will discuss application status with the applicant only
- Falsification/Misrepresentation
- Employment in Georgia
- Internet disclosure of address
- FOR APPLICANTS WHO ARE NOT U.S. CITIZENS

Submit the following items to us as soon as possible. They are required of all applicants.

- Your current CV or Resume
- Reference Form [Download Form](#)
- Affidavit of Applicant [Download Form](#)
- Notarized Affidavit of Citizenship [Download Form](#)
- Malpractice Questionnaire [Download Form](#)

9. The middle contains information about the licensure process and about licensure as a Physician in Georgia.

Some of the items in the middle have links to retrieve copies of a specific form.

When ready to move to the next page, click on Continue.

All applications must be received by the 10th day of the month preceding the Board meeting. Applications are valid for 1 year from date of receipt.

Applicants must be at least 21 years of age and of good moral character.

- Physician Profile
- We will discuss application status with the applicant only
- Falsification/Misrepresentation
- Employment in Georgia
- Internet disclosure of address
- FOR APPLICANTS WHO ARE NOT U.S. CITIZENS

Submit the following items to us as soon as possible. They are required of all applicants.

- Your current CV or Resume
- Reference Form [Download Form](#)
- Affidavit of Applicant [Download Form](#)
- Notarized Affidavit of Citizenship [Download Form](#)
- Malpractice Questionnaire [Download Form](#)

Submit the following items if you are not using Federation Credentials Verification Service (www.fsmb.org).

FCVS users: You do not need to send us these items. They will be provided to the Board by FCVS.

- Official Medical Transcript
- Official Licensing Examination Score Transcript
- Copy of ECFMG Certificate
- Certificate of Postgraduate Training [Download Form](#)

Submit the following items, if applicable. (Note: Some circumstances may require items not listed here.)

- National Practitioner Data Bank (NPDB) and Health Integrity and Protection Data Bank (HIPDB) Self-Query and Reports
- Official License Verification
- Military Discharge Documentation
- Explanation of Incident
- Specific Power of Attorney [Download Form](#)

[Continue](#)

10. This page allows users to input a Personal Address (or home address). This address will be confidential and not shared publicly.

Users cannot change their name, birthdate, or gender. This can only be edited by Board staff. Contact the Board if you need these fields updated.

When done, click Save and Continue.

When typing in your name and address please use the correct capitalization for First Name, Last Name and Street Address. The information provided will appear on your license document as entered.

(Incorrect)
jane doe
123 some street
any city, ga 12456

(Correct)
Jane Doe
123 Some Street
Any City, GA 12456

Name & Personal Information

Name Prefix:
 First Name:
 Middle Name:
 Last Name:
 Name Suffix:

Birth Date:
 Gender:
 Citizenship Status:
 National Provider ID:
 Ethnicity:
 Of Hispanic Descent?

Personal Address

Country:
 Line 1:
 Line 2:
 City:
 State:
 Zip Code:
 County:
 Phone:
 Cell Phone:
 Fax:
 Email:

Please verify all information before clicking the Save and Continue button.

Save and Continue

11. As users move to the next page, the menu on the left side will indicate a section has been completed with a checkmark.

Menu

- Introduction/Requirements
- * Demographics
- * License Address
- * MailingAddress
- Education and

Pract
 If you are
 address c
 When tur

12. The next page is for users to input the Practice Location information. By law, this address will be published on the Board's website and accessible to the public via the license verification tool. The phone number and email are confidential though. When done, click Update.

Menu

- Introduction/Requirements
 - * Demographics
 - * License Address
 - * Mailing Address
- Education and Certifications
- License History
- * Supplemental Information
- Hospital Privileges
- * Questions
- Attach Documents
- Finish
- Licensing Home Page
- Logout

Practice Location

If you are currently practicing, a current practice address must be provided. You are required to provide the Board with a physical address. You may not use a P.O. Box as your practice address. The address displayed on this page is the address associated with your professional medical license. This is the address that will be published online for **public** license verifications.

When typing in your address please use the correct capitalization for Street Address. The information provided will appear on your license document as entered.

(Incorrect)
123 some street
any city, ga 12456

(Correct)
123 Some Street
Any City, GA 12456

Address

Country:

Line 1:

Line 2:

City:

State:

Zip Code:

County:

Phones & Email

The information below will **not** be shown to the public, but will be associated with the above address and utilized by the Board to contact you regarding your license if needed.

Phone:

Cell Phone:

Fax:

Email:

Please verify all information before clicking the update button.

13. Next, users can select which address (Personal vs. Practice) to be the preferred contact method. Although most of the Board's contact is through email, selecting a preferred address will help the Board when sending something via snail mail. When done, click Save.

Menu

- Introduction/Requirements
 - * Demographics
 - * License Address
 - * Mailing Address
- Education and Certifications
- License History
- * Supplemental Information
- Hospital Privileges
- * Questions
- Attach Documents
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- Logout

Mailing Address

Select the address at which you wish to be contacted. If you have entered a P.O. Box as an address, please go back and provide a physical street address.

The Practice Location shown below is your **Primary** Practice Location; if you have any additional practice locations, enter them in the Additional Practice Locations page (next).

Addresses

<input type="radio"/> License Holder Address:	2 MLK Jr Drive SE East Tower, 11th Floor Atlanta, GA 30334 danielrdorsey1@gmail.com 4046563913
<input checked="" type="radio"/> Practice Location:	2 Peachtree Street NW 6th floor Atlanta, GA 30303 medbd@dch.ga.gov 404-656-3913

14. Next, users can enter Medical Education and Training and Exams Taken. Users should include information on all medical schools and residency/fellowship programs attended. When done, click Save and Continue.

Medical Education and Training

Please indicate:

- The medical school from which you graduated.
- Name and dates of attendance of any other medical school/institution that you attended.
- Name, location, and dates of attendance of **all completed** professional/postgraduate training.
- Information about medical and osteopathic degrees you have received including your licensure degree.

Do not include coursework taken to meet the continuing education requirements for license renewal.

If you do not recall the exact date of your training, please use 01 for the first day of the month. You will need to enter the correct month and year for your education and certifications (e.g., if your training was in March of 2015, enter 03/01/2015).

School Type	From	To	Graduated	Degree/Certificate Earned	State	Country	School Name
Medical School	08/01/2015	05/01/2019	05/01/2019	Doctor of Medicine	GA	USA	Mercer University SOM
Residency/GME Program	07/01/2019	06/30/2022	06/30/2022		GA	USA	Augusta University

Save / Add Row

Exams Taken

Select the exams you have taken that relate to the license(s) you hold and/or are applying for.

Exam	(remove) Date Taken	State Taken
USMLE	GA	

Save / Add Row

Save and Continue

15. Next, users can input License History. Please include all license types and statuses: temporary, lapsed, inactive. When done, click Save and Continue.

License History

If your original Physician license was issued in another state, please indicate the state and date of your first license.

State: FL Issue Date: 07/01/2022

List any license history for each permanent, temporary, training, provisional, or limited license obtained in any state in the US or Canadian territory, Canadian province, or US Federal jurisdiction.

Please submit license verification from each state, territory, or province of the U.S. (other than Georgia) or Canada in which you have held any type of professional license, including training, limited, or restricted licenses. **License verification must be submitted directly from the licensing authority or from Veridoc** (veridoc.org).

Contact information for other licensing authorities can be found at fsmb.org/directory_smb.html.

State	License Number	License Status	Issue Date	Expiration Date	License Type
FL	12345	Active	07/01/2022	07/01/2024	Physician
KS	67890	Active	02/01/2023	02/01/2025	Physician

Save / Add Row

Save and Continue

16. Next users can enter Supplemental Information. When done, click Save and Continue.

Supplemental Information

Use the form below to update the supplemental information. Press the **save button** to save the changes.

Additional License Information

Please enter your License Degree Suffix below:

License Degree Suffix:

DEA Information

Enter DEA information below.

DEA Number	Expiration Date	State of Issue	No DEA #	Delete
DN123456	05/01/2026	Florida	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Save/Add Row

Specialties

If you are Board Certified, provide information on any certification, specialty, or subspecialty from any specialty board regulating the profession for which you are certified, and denote which is your primary specialty.

Specialty	Board Certified	Name of Certifying Board	Primary Specialty?	Issue Date
Family Medicine	Yes	ABFM	<input checked="" type="checkbox"/>	07/01/2022
			<input type="checkbox"/>	

Save/Add Row

Areas of Practice

How many hours per week do you spend in each of the below areas of practice?

Specialties

If you are Board Certified, provide information on any certification, specialty, or subspecialty from any specialty board regulating the profession for which you are certified, and denote which is your primary specialty.

Specialty	Board Certified	Name of Certifying Board	Primary Specialty?	Issue Date
Family Medicine	Yes	ABFM	<input checked="" type="checkbox"/>	07/01/2022
			<input type="checkbox"/>	

Save/Add Row

Areas of Practice

How many hours per week do you spend in each of the below areas of practice?

Clinical Practice:

Research:

Teaching and Education:

Administration:

Medical Related Volunteer Services:

Delivering Babies:

Telemedicine:

Save & Continue

17. Next, users can input Hospital Privileges. Please only include **current** privileges. When done, click Save and Continue.

Hospital 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.

Hospital Name	Street Address	City/State/Zip	Delete
UF Health Jacksonville		Jacksonville, FL	<input type="checkbox"/>
			<input type="checkbox"/>

Save / Add Row

Save and Continue

18. Next, users can answer the Application Questions. If an applicant answers “Yes” on some questions, it may require a personal explanation and/or supporting documentation. When done, click Submit.

- Requirements
- Biometrics
- Current Address
- Permanent Address
- Education and Certifications
- Professional History
- Personal Information
- Professional Privileges
- Disciplinary Actions
- Documents
- Home Page

Application Questions

Please answer the following question(s) by choosing the respective answer(s) from the drop-down menu(s). Click the **submit** button when you have answered the question(s). **“Yes” responses require a personal explanation and supporting documentation.**

Question	Answer
1) Are you a U.S. Citizen? (If no, please refer to the applicant checklist listed on our website for acceptable documentation) If you are not a U.S. citizen, you must submit documentation that will determine if you have a qualified alien status. Only those applicants who can provide proof will be granted a license. The Board participates in the DHS-USCIS SAVE, (Systemic Alien Verification for Entitlements or “SAVE”) program for the purpose of verifying citizenship and immigration status information of non-citizens. In order to confirm your status with the SAVE program, you need to provide the board with legible copies of one of the documents listed on our website.	Please Choose ▼
2) How long have you lived in the US? Years/Months	<input type="text"/>
3) Have you ever served or are you currently serving in the U.S. Armed Forces?	Please Choose ▼
4) Have you been discharged from the U.S. Armed Forces? If yes, provide a copy of your DD-214 discharge summary to the Board.	Please Choose ▼
5) Will you be using Federal Credentialing Verification Services?	Please Choose ▼
6) Was your medical degree granted by a medical or osteopathic school in the U.S. or a medical school in Canada?	Please Choose ▼
7) Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner? NOTE: If you are currently enrolled in Georgia PHP, you may answer NO.	Please Choose ▼
8) Have you entered a plea bargain, been arrested, indicted or convicted for violating any state or federal law including DUI (excluding minor traffic violations)? As used in this question, the term “conviction” shall include a finding or verdict of guilt, or a plea of guilty, or a plea of nolo contendere in a criminal proceeding, or the affording of First Offender Treatment, regardless of whether the adjudication of guilt or sentence is withheld or not entered. If yes, provide a personal narrative of the circumstances surrounding the incident and include a copy of the charges, plea or jury verdict, and final disposition, sentence, probation, and payment of fines.	Please Choose ▼
9) Has any licensing Board or agency ever taken a public or private disciplinary action against you?	Please Choose ▼
10) Have you ever been, or are you currently, the subject of an investigation by any licensing Board or agency?	Please Choose ▼
11) Have you ever voluntarily surrendered a controlled substance registration?	Please Choose ▼
12) Have you ever had your federal registration to prescribe, distribute, or dispense controlled substances suspended or revoked?	Please Choose ▼
13) Have you ever been denied the privilege of taking a licensing or certification examination given by any licensing Board or Agency?	Please Choose ▼
14) Have you ever been denied membership in, or in any way sanctioned by, any professional association, or society?	Please Choose ▼

15) If yes, please list state(s):	<input type="text"/>
23) Have you ever had any restrictions as a Medicaid or Medicare provider?	Please Choose ▼
24) Are you currently in default on child support payments?	Please Choose ▼
25) Do you intend to practice medicine in Georgia?	Please Choose ▼
26) If you intend to practice medicine in Georgia, provide your practice plans:	<input type="text"/>

Attestation

By clicking the **submit** button you hereby swear or affirm under the penalties of false swearing that you understand and have answered the questions truthfully to the best of your knowledge.

Submit

19. Next, users can upload supporting documentation.

Please attach all supporting documentation here. Failure to attach documents MAY CAUSE SIGNIFICANT DELAYS in the application process.

When done, click Continue.

Document Upload

Use this page to upload documents to the GA Composite Medical Board that pertain to your license application or renewal. Be sure to use a descriptive file name for each document uploaded, e.g. "John Doe Med School Diploma", and use the dropdown to select your document type for each document uploaded.

Any documents that require notarization or an original signature, primary source documents, and documents that are required to be submitted in sealed/signed envelope may not be uploaded. Please send these documents, **with a copy of your application receipt**, via US Mail to the address below.

Georgia Composite Medical Board
2 Peachtree St NW, 6th Floor
Atlanta, GA 30303

Listed below are the only documents that can be uploaded and the only acceptable format is PDF:

- a. CV/Resume
- b. Documentation of CMEs
- c. For U.S. Citizens and Qualified Alien Status, verifiable documents (Driver's License, Passport)
- d. Documentation of Military Discharge (DD214)
- e. Malpractice Court Documents – NOT FORM E Malpractice Questionnaire
- f. Documentation of National Practitioner Databank query

- Files may not exceed 3 MB.
- Please **DO NOT** combine document files into a single upload, as this may cause a delay in the processing of your application.

Document Name	View	Type	Delete
CV.pdf	View	CV/Resume	Delete
Passport.pdf	View	Photo ID	Delete
Malpractice Form.pdf	View	Malpractice Type	Delete
NPDB query.pdf	View	NPDB/NPHIP Self-Query	Delete

Choose File | No file chosen Upload Document

Don't forget to select the document type in the dropdown list next to the document name after uploading.

Continue

20. Next, users can review all information on the application on the Application Summary page. When done, users can either select Save Application to save progress and not officially submit the application OR select Pay Online to officially submit the application and get directed to the Board’s payment processor.

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Application Summary

The changes you have made are listed below. Please review this information carefully to ensure it is correct. You may go back to any step in this process by clicking the corresponding link on the left.

When you have verified your information, click the **Pay Online** button to pay all applicable fees and submit your application. If you do not wish to pay at this time, please click the **Mail Payment** button to submit your online application. **Please note your application will not be processed until payment is received.**

Please note that application fees are non-refundable.

Licenses					
Physician	Physicians	License Number	Pending	License Status	Pending Application
Issue Date:		Expiration Date:			

Address Changes/Confirmations	
License Holder Address:	2 MLK Jr Drive SE East Tower, 11th Floor Atlanta, GA 30334 danielrdorsey1@gmail.com 4046563913
Practice Location:	2 Peachtree Street NW 6th floor Atlanta, GA 30303 medbd@dch.ga.gov 404-656-3913

Education & Certifications

Have you ever voluntarily surrendered a controlled substance registration?	N
Have you ever had your federal registration to prescribe, distribute, or dispense controlled substances suspended or revoked?	N
Have you ever been denied the privilege of taking a licensing or certification examination given by any licensing Board or Agency?	N
Have you ever been denied membership in, or in any way sanctioned by, any professional association, or society?	N
Have you ever been denied a DEA registration number?	N
Have you ever issued a restricted DEA registration?	N
Have you ever voluntarily surrendered a DEA registration?	N
If you have a DEA number, have you registered with the Prescription Drug Monitoring Program? If not, please register at georgia.pmpaware.net/login.	N
Have you ever been named as a party in a malpractice suit, arbitration hearing, State Review panel proceeding, or a VA/Federal agency review?	N
Have you ever resigned from a hospital staff position or training program after a complaint or peer review action has been initiated against you?	N
Do you have any applications for licensure pending before any other licensing Board or agency?	N
If yes, please list state(s):	
Have you ever had any restrictions as a Medicaid or Medicare provider?	N
Are you currently in default on child support payments?	N
Do you intend to practice medicine in Georgia?	Y
If you intend to practice medicine in Georgia, provide your practice plans:	Primary care in an outpatient setting

Attachments			
Document Name	Document Type	View	
CV.pdf	CV/Resume	View	
Passport.pdf	Photo ID	View	
Malpractice Form.pdf	Malpractice Type	View	
NPDB query.pdf	NPDB/NPHIP Self-Query	View	
Daniel Ray Dorsey_APP_20230323.pdf	Online Initial Application	View	

If all the above information is correct please press the **Pay Online** button.

Otherwise please go back and correct any information that is necessary or click **Save Application**.

By submitting this application, 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 may result in criminal penalties.

Save Application

Pay Online

21. Users will see the Application Fee and can select Proceed to Payment Site to finalize payment.

Pay License Fees

Below is a listing of your application fee(s). Please review and click the **Proceed to Payment Site** button to be redirected to a secure payment site where you will be asked to enter your credit card information, there will be a convenience fee charged for this transaction.

Application Fees - are non refundable.		
License Number	Description	Fee Amount
	Initial Application Fee	\$500.00
Total Amount:		\$500.00

Back to Summary
Proceed to Payment Site

Please only submit your payment once, if your payment appear to have not gone through - please give it a hour before processing your payment again. Thank you!

22. Users can enter credit card information here and then select Submit to make payment.

Please note there is a convenience fee of 3.15% that is charged by a third-party processor for the transaction.

GA Composite Medical Board

Payment

Payee Information

First Name: Daniel Last Name: Dorsey
 Phone: XXX-XXX-XXXX Email Address: name@domain.com
 Applicant Name: _____

Billing Address

Street: _____ City: _____
 State: select Zip (Postal) Code: XXXXX

Payment Information

Payment Amount: 500.00

Payment Method: CREDIT/DEBIT Accepted Cards: VISA MasterCard DISCOVER

Card Number: _____
 Expiration Date: MMYY
 CVV: _____

Transaction Summary

Amount Due	\$500.00
Convenience Fee	\$15.75
Total Amount Due	\$515.75

A convenience fee of 3.15 % will be charged by a third party processor for this transaction.

Submit

23. Congratulations, you have applied for a medical license with the Georgia Composite Medical Board!

From here, a member of the Board's Licensing Team will review your application and collect the other supporting documents sent from third parties (medical school transcript, exam scores, reference forms, etc.). This process may take 10-12 weeks, depending on how quickly the other forms and documents are sent to the Board by those third parties.

If you have questions about your application, please reach out to the licensure specialist assigned to your file. Contact information for Board staff is available on the Board's website:

<https://medicalboard.georgia.gov/about-us/gcmb-staff-directory>