

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 <u>medbd@dch.ga.gov</u>.\*

- 1. Go to the GCMB's online portal (<u>https://gcmb.mylicense.com/egov</u>).
- 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.
	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."

Apply for a New License	Please ensure that your browser is up to a	date, as sufficiently older versions of certain browsers may not support the neces	ecan technologies this site requires to function correctly. Chrome version 90
Renew a License	Please ensure that your browser is up-to-to	Internet Explorer 11, and Firefox version 72 have been confirmed	to support this site.
Reinstate a License			
Update Personal Information	This site uses cookies and JavaScript. If o	cookies and/or JavaScript are blocked, some functions may not work correctly, in	cluding the ability to successfully submit payments. Please ensure that
Update License Information		your browser is conliguied to allow both cookles and JavaSci	npt on this site.
Request Documents		Licensing Home Page	
Logout		Licensing frome rage	
Pending Prereqs	additional details concerning the license select incorrect, please contact the Board in writing a Please note that after 20 minutes of inactivity.	side to you by the GR composite weak a control with also see any current and ted. If any information on this page is incorrect, please return to the update page it medba@dch.ga.gov or via US mail at the address below. the session will time out and you will need to log in again to continue.	punctions and are being processed. Click on the hyperinity or any locate to to make corrections to your personal information. If licensing information is
	Name	Address	
		2 MLK Jr Drive SE	
	Daniel Ray Dorsey	East Tower, 11th Floor Atlanta, GA 30334	Update Personal Information
	Daniel Ray Dorsey Licenses	East Tower, 11th Floor Atlanta, GA 30334	Update Personal Information

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

	Georgia Composite Medical Board
Menu Introduction/Requirements	Application for Licensure
Licensing Home Page	Please use the drop down menus below to select the appropriate Profession, License type, and method for your application. When the correct options have been selected, click on the start application button. Visit the Board's website for application requirements.
	License Type Selection Profession: License Type: Obtained By Method: Profession- Commet Laser Practitioners Genetic Counselors OrtholdseProsthelics Perfusion Privation Respiratory Care

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

License Type Selection	
Profession:	Physicians 🗸
License Type:	Select License Type 🗸
Obtained By Method:	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	Start Application
	Application Military/Spouse	
	obtainedBy24	

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.

Menu Introduction/Requirements	Applying For a Lisense
* Demographics	Appying rol a license
* License Address	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
* MailingAddress	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.
Education and Certifications	DO NOT SUBMIT YOUR APPLICATION WITHOUT ALL OF THE DOCUMENTATION AND FORMS REQUIRED. Doing so may significantly delay the processing of your application!
License History	Ions completion of your application you will be promoted to nay the required application fee online via credit card. Please that application fees are non-refundable
* Supplemental	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.
Hospital Privileges	Applicants must be at least 21 years of age and of good moral character.
* Questions	
Attach Documents	📲 Physician Profile
Finish	🐥 We will discuss application status with the applicant only
Licensing Home Page	- Falsification/Misrepresentation
Logout	🚽 🕂 Employment in Georgia
	Internet disclosure of address
	I 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
	Your current CV or Resume     Reference Form     Download Form
	Your current CV or Resume           Download Form                      Antidaxi of Applicant               Download Form                    Antidaxi of Applicant               Download Form                   Notarized Affidaxit of Citizenship               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.

Applicants must be at least 21 years of age and of good moral character.	
A Physician Profile	
T riyscan rione	
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.	
Reference Form	Download Form
Affidavit of Applicant	Download Form
Affidavit of Applicant     Aviatized Affidavit of Citizenship	Download Form Download Form
Affidavit of Applicant     Affidavit of Citizenship     Malpractice Questionnaire	Download Form Download Form Download Form
Affidavit of Applicant     Affidavit of Applicant     Affidavit of Citizenship     Malpractice Questionnaire  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.	Download Form Download Form Download Form
Affidavit of Applicant     Affidavit of Applicant     Affidavit of Citizenship     Malpractice Questionnaire  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	Download Form Download Form Download Form
Affidavi of Applicant     Affidavi of Applicant     And     Affidavi of Applicant     And     And	Download Form Download Form Download Form
Affidavi of Applicant     Affidavi of Applicant     Affidavi of Citizenship     Malpractice Questionnaire  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 ECFMS Certificate	Download Form Download Form Download Form
Affidavi of Applicant     Affidavi of Applicant     Affidavi of Applicant     And Applicant     A	Download Form Download Form Download Form Download Form
Affidavi of Applicant     Affidavi of Applicant     Affidavi of Applicant     And Applicant     A	Download Form Download Form Download Form Download Form
Affidavi of Applicant     Affidavi of Applicant     Affidavi of Applicant     And Applicant     A	Download Form Download Form Download Form Download Form
Affidavit of Applicant     Affidavit of Applicant     Antional Practitioner Data Bank (NPDB) and Health Integrity and Protection Data Bank (HIPDB) Self-Query and Reports     Official License Verification	Download Form Download Form Download Form Download Form
Affidavi of Applicant     Affidavi of Applicant     Anotarized Affidavit of Citizenship     Malpractice Questionnaire  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.     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     Copy of ECFMG Certificate     Certificate of Postgraduate Training     Submit the following items, if applicable. (Note: Some circumstances may require items not listed here.)     Anotael Practitioner Data Bank (NPDB) and Health Integrity and Protection Data Bank (HIPDB) Self-Query and Reports     Official License Verification     Military Discharge Documentation	Download Form Download Form Download Form Download Form
Affidavi of Applicant     Affidavi of Applicant     Another of Citizenship     Malpractice Questionnaire  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 ECFMC Certificate     Copy of ECFMC Certificate     Copy of ECFMC Certificate     Certificate of Postgraduate Training  Submit the following items, if applicable. (Note: Some circumstances may require items not listed here.)      Another of the Source Verification     Miting Discharge Documentation     Miting Discharge Documentation     Explanation of Incident	Download Form Download Form Download Form Download Form

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.

Finish	
Licensing Home Page	when typing in your name and address please use the correct capitalization for First Name, Last Name and Sureet Address. The information provided will appear on your license document as entered.
Logout	(Incorrect) jane doe 123 some street any city, ga 12456
	(Correct) Jane Done 123 Some Street Any City, GA 12456
	Name & Personal Information
	Name Prefix: Mr. Birth Date:
	First Name: Daniel Gender: Male V
	Middle Name: Ray Citizenship Status: U.S. Citizen
	Last Name: Dorsey National Provider ID:
	Name Suffice (ac: Sr   Jr
	I Other, please specify.
	Of Happinic Descent?
	Personal Address
	State (Astronomic State)
	60. or 010071212
	Emili
	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.



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	
ntroduction/Requirements	Practice Location
* Demographics	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 DO, Boy as your practice address. The
* License Address	n you are currently practically, a current practice aduress indix the provideur to use required to provide the board with a private aduress. To use a your practice aduress, the address this practice aduress indix deep notation aduress that will be published online for public license.
* MailingAddress	
Education and Certifications	When typing in your address please use the correct capitalization for Street Address. The information provided will appear on your license document as entered.
License History	(Incorrect) 1/23 some street
* Supplemental Information	any city, ga 12456
Hospital Privileges	(Correct) 1/2 Some Street
* Questions	Any City, GA 12456
Attach Documents	
Finish	Address
icensing Home Page	Country: United States
ogout	Line 1: 2 Peachtree Street NW
	City: Atlanta State: GA Zp Code: 30303 Courny: Fulton 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: <u>404-656-3913</u> Cell Phone: <u>6x: 3015551212</u> Fax: <u>6x: 3015551212</u> Final: <u>including with an one</u>
	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.

Introduction/Requirements	Mailing Address
* Demographics	ranne radico
* License 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.
* MailingAddress	The Practice Location shown below is your <b>Primary</b> Practice Location; if you have any additional practice locations, enter them in the Additional Practice Locations page (next).
Education and Certifications	Addresses
License History	O License Holder Address:
* Supplemental Information	2 MLK Jr Drive SE East Tower, 11th Floor
Hospital Privileges	Atlanta, GA 30334 daniel/dorsey1@gmail.com 4046663913
Attach Documents	Practice Location:
Finish	2 Peachtree Street NW 6th floor
Licensing Home Page	Allanta, GA 30303 medba@de.ht.ga gov
Logout	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.

Introduction/Requirements									
	Medical F	ducation and Training							
Demographics	Medical E	ducation and Training							
License Address	Please indicate:								
MailingAddress	The med	lical school from which you graduated	d.						
Education and	Name an	nd dates of attendance of any other n	nedical school/ins	stitution that	you attended	l.			
License History	Name, location, and dates of attendance of <u>all completed</u> professional/postgraduate training.								
* Supplemental Information	Information about medical and osteopathic degrees you have received including your licensure degree.								
Hospital Privileges	Do not include c	coursework taken to meet the continu	ing education rec	quirements	for license rer	iewal.			
* Questions									
Attach Documents	If you do not rec	all the exact date of your training, ple	ease use 01 for th	ne first day	of the month.	You will need to enter the corre	ect mon	th and year for your edu	cation and certifications (e.g., if you
Finish	was in March of	2015, enter 03/01/2015).							
Licensing Home Page		School Type	From	То	Graduated	Degree/Certificate Earned	State	Country	School Name
Logout		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
						Savo / Add Dow			
	Exams Tal	ken				Save / Add Row			
	Exams Tal	<mark>ken</mark> Is you have taken that relate to the lik	cense(s) you hold	I and/or are	applying for.	Save / Add Row			
	Exams Tal	ken Is you have taken that relate to the lic	cense(s) you hold	I and/or are	applying for.	m (remove) Date Taken Taken GA ~ ~ ~ Save / Add Row			

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

Menu	
Introduction/Requirements	License History
Demographics	
License Address	If your original Physician license was issued in another state, please indicate the state and date of your first license.
MailingAddress	State: (FL ) issue Date: 07/01/2022
Education and Certifications	
License History	
* Supplemental Information	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
Hospital Privileges	restricted licenses. License verification must be submitted directly from the licensing authority or from Veridoc (veridoc.org).
* Questions	Contact information for other licensing authorities can be found at fsmb.org/directory_smb.html.
Attach Documents	lesue Expiration
Finish	State License Number License Status Date Date License Type
Licensing Home Page	FL v 12345 Active v 07/01/2022 07/01/2024 Physician
Logout	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.

ise the form below to update the su	upplemental information. Press	the save button to sav	e the cha	nges.			
ditional License Information							
ease enter your License Degree ६	Suffix below:						
License Degree Suffix: MD							
EA Information							
nter DEA information below.							
	D	EA Number	piration Date	State of Issue	No DEA # De	lete	
	DN1234	456 (05/	(01/2026)	Florida			
			Sav	e/Add Row			
pecialties							
rou are Board Certified, provide ir ecialty.	nformation on any certification,	specialty, or subspecialt	ty from ar Board	ny specialty board regulating	the profession	for which you are certified,	and denote which is your primary
	Special	ty	Certifie	Board	Specialty?	Issue Date	
	Family Medicine	<u> </u>	Yes V	ABFM		07/01/2022	
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17. Next, users can input Hospital Privileges. Please only include <u>current</u> privileges. When done, click Save and Continue.

ist all hospitals at which you currently hold	staff privileges. The term "hospital" mean	s a facility that provides inp	patient and outpatient care	and servi
	Hospital Name	Street Address	City/State/Zip	Delete
	UF Health Jacksonville		Jacksonville, FL	
		Save / Add Row		
		Save and Continu	e	

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.



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 V
25)	Do you intend to practice medicine in Georgia?	Please Choose 🗸
26)	If you intend to practice medicine in Georgia, provide your practice plans:	

## 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.

## <u>Please attach all supporting documentation here</u>. Failure to attach documents MAY CAUSE <u>SIGNIFICANT DELAYS in the application process</u>.

When done, click Continue.

* Demographics  * License Address * MailingAddress		Do							
* Demographics  * License Address * MailingAddress		Document Upload							
* License Address * MailingAddress									
* MailingAddress	Use this page to upload documents to the GA Composite Medical Board that to select your document type for each document uploaded.	pertain to your license application or rene	val. Be sure to use a descriptive file name for each document uploaded, e.g. "Jo	ohn Doe Med School Diploma", and use the dropdo					
-	Any documents that require notarization or an original signature, primary sour	ce documents, and documents that are r	quired to be submitted in sealed/signed envelope may not be uploaded. Please	send these documents, with a copy of your					
Education and Certifications	application receipt, via US Mail to the address below.  General Composite Medical Board								
License History		2 Pear	htree St NW, 6th Floor Ilanta, GA 30303						
* Supplemental Information	Listed below are the only documents that can be uploaded and the only	acceptable format is PDF.							
Hospital Privileges	a. CV/Resume b. Documentation of CMEs								
* Questions	<ul> <li>c. For U.S. Citizens and Qualified Alien Status, verifiable documents (Driver's d. Documentation of Military Discharge (DD214)</li> </ul>	License, Passport)							
Attach Documente	d. Documentation of Miltary Discharge (DD214)     e. Malgractice Court Documents – NOT FORM E Malgractice Questionnaire								
Attach Documents	f. Documentation of National Practitioner Databank query								
Finish	f. Documentation of National Practitioner Databank query								
Finish icensing Home Page	f. Documentation of National Practitioner Databank query Files may not exceed 3 MB.								
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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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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 Payn convenience fee charged for this transaction.	nent 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
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 th	rough - 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.

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Payee Information						
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First Name	Daniei		Last Name	Dorsey		
Phone	XXX-XXX-XXXX		Email Address	name@dor	nain.com	
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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: <a href="https://medicalboard.georgia.gov/about-us/gcmb-staff-directory">https://medicalboard.georgia.gov/about-us/gcmb-staff-directory</a>