

NAME: _____

SS#: _____

PRINT LEGIBLY

Citizenship Affidavit for Medical Board Resident Training Permit

Name of Resident: _____

PRINT LEGIBLY

Institution Name: _____

Residency Program Name: _____

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, from the Georgia Composite Medical Board, the undersigned applicant verifies one of the following with respect to my application for a public benefit: **(SELECT ONLY ONE.)**

1. _____ I am a United States citizen.
2. _____ I am a legal permanent resident of the United States.
3. _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. My alien number issued by the Department of Homeland Security or other federal immigration agency is:
_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1, with this affidavit.

REQUIRED: The secure and verifiable document provided with this affidavit can best be classified as:

_____.

U.S. citizens – U.S. passport, driver’s license, or certificate of naturalization
NON-US citizens - I-551, I-766/I-688A, J-1 visa, F-1 visa, H1B visa, I-94 – all that apply

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Residency Training Permit
License Type

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ DAY OF _____, 20_____

NOTARY PUBLIC

My Commission Expires: _____