

**GCMB Profession Database
Order Form**

INSTRUCTIONS:

- ✓ Check the Profession(s) you wish to order
- ✓ Include contact information for Requestor and Receiver of data if different
- ✓ Attach check or money order payable to **GCMB** or **Georgia Composite Medical Board** and mail to the:

**Georgia Composite Medical Board
Attn: Licensure Database
2 Peachtree Street NW 6th Floor
Atlanta, Georgia 30303**

Orders are either emailed or mailed First Class, 48 hours following receipt of this form.
(You may provide your own UPS/FedEx packaging for RUSH delivery.)

If you need to verify receipt of the order or have any questions, contact (404) 656-3913 or medbd@dch.ga.gov

CHECK CATEGORY:

- | | |
|--|--|
| <input type="checkbox"/> Acupuncturist (\$200) | <input type="checkbox"/> Clinical Perfusionist (\$200) |
| <input type="checkbox"/> Cosmetic Laser Practitioner (\$200) | <input type="checkbox"/> Genetic Counselors (\$200) |
| <input type="checkbox"/> Pain Management Clinic (\$200) | <input type="checkbox"/> Physicians (MD & DO) (\$500) |
| <input type="checkbox"/> Physician Assistant (\$200) | <input type="checkbox"/> Residency Training (\$200) |
| <input type="checkbox"/> Respiratory Care Professional (\$200) | <input type="checkbox"/> Orthotist & Prosthetist (\$200) |
| <input type="checkbox"/> All professions (\$1,100) | |

Type or print neatly

Requestor's Name & Company

Recipient's Name (If different from Requestor's)

Telephone Number

Email Address

Physical Delivery Address

OR

Enter FTP address, if applicable

City

State

Zip Code

OR

Enter FTP address, if applicable

GCMB Use Only

Date Received

Date Filled

Initials _____