



**GEORGIA COMPOSITE MEDICAL BOARD  
GENERAL INFORMATION AND CHECKLIST  
PAIN CLINIC DELETE OWNER APPLICATION**

**FEE INFORMATION**

\$0.00 Delete Owner

**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:
- (a) Change of ownership, name, management, or location of a licensed pain management clinic; the license is non-transferrable so the license immediately becomes void and inactive upon a change in ownership or location.
  - (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.

**APPLICATION PROCESSING INFORMATION**

**Mail the original application to:  
Georgia Composite Medical Board  
ATTENTION: PAIN MANAGEMENT CLINIC  
2 Peachtree Street, N.W., 6<sup>th</sup> 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.

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 of 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.

8/13/2021

PAIN MANAGEMENT CLINIC - GENERAL INFORMATION AND CHECKLIST – DELETE OWNER