

Georgia Composite Medical Board

Executive Director
LaSharn Hughes, MBA



Chairperson
Barby Simmons, DO

Vice Chairperson
Thomas Harbin, MD

2 Peachtree Street, NW • 6th Floor • Atlanta, Georgia 30303 • (404) 656-3913 • www.medicalboard.georgia.gov

Emergency Practice Permit

The Board is now issuing Emergency Practice Permits. During an event for which the Governor of the State of Georgia has issued an executive order declaring a disaster or a state of emergency, the Board may waive some of the licensure requirements in order to permit the provision of emergency health services to the public.

Before practicing medicine in Georgia under this provision, the applicant must receive the Board's approval of the following:

- (a) an application for the emergency permit;
- (b) proof of current and unrestricted license in another state;
- (c) a current National Practitioner's Data bank ("NPDB") report;
- (d) a copy of a government issued photo ID

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Request for an Emergency Practice Permit/Temporary License

I make formal request for an Emergency Practice Permit/Temporary License to be issued. I understand that this Emergency Practice Permit/Temporary License will be valid for 90 days or until the Governor of the State of Georgia has lifted the state of emergency or disaster, whichever comes first.

Full Name: _____

DOB: _____ SSN#: _____

Current address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Profession (circle one) MD DO PA RCP APRN Perfusionist
Specialty: _____

Supervising Physician (for PA): _____

NPI# (if applicable): _____

License(s) # & State(s) of current Licensure: _____

Check if you have **no restrictions on any** current license(s)

DEA #: _____

Please use this link to request a Databank query and have it forwarded to lhughes@dch.ga.gov
<https://www.npdb.hrsa.gov/hcorg/howToSubmitAQuery.jsp>

Please attach a copy of government issued identification with a photograph.

By signing this application, I swear and affirm that the above information and the attached information is true and correct.

Applicant Signature: _____

Date of Application: _____

Notary Public

Being duly sworn, says that he/she is the person who executed the application for a license to practice medicine and surgery in the State of Georgia; that all the statements herein contained are true in every respect; and that the attached copy of the government issued identification with a photograph is a true photograph of the applicant.

**AFFIX
NOTARY SEAL
HERE**

Sworn and subscribed to me this _____ day of _____
in the year _____.

Signature of Public Notary: _____

My Commission Expires: _____