

Georgia Composite Medical Board



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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
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 david.harris@dch.ga.gov
<https://www.npdb.hrsa.gov/>

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: _____