FORM AC1 ADDING ALTERNATE PHYSICIANS FORM FOR PHYSICIAN ASSISTANTS (Note: Original Signatures Required)

Primary Sponsoring Physician's Name		Signature		License No.
PA Name:	First	Middle	Last	License No.
PA Signature:		Date :	Signed:	

Please add the following physicians as alternate supervising physicians for the Physician's Assistant listed above: <u>EACH LINE FOR ALTERNATE PHYSICIAN'S MUST BE COMPLETED</u>. <u>DO NOT</u> <u>SUBMIT SEPARATE FORMS FOR EACH ALTERNATE PHYSICIAN OR THE FORM WILL BE RETURNED.</u>

Alternate Physician's Name	License #	Signature	Date Signed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			

Please keep a copy for your records and provide a copy to the PA.

PLEASE RETURN THIS FORM TO: GEORGIA COMPOSITE MEDICAL BOARD 2 Peachtree Street, N.W., 6th Floor Atlanta, GA 30303 ATTN: Physician Assistant Unit