

**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: **EACH LINE FOR ALTERNATE PHYSICIAN'S MUST BE COMPLETED. DO NOT SUBMIT SEPARATE FORMS FOR EACH ALTERNATE PHYSICIAN OR THE FORM WILL BE RETURNED.**

	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 MLK Jr. Drive, S.E., East Towers, 11th Floor**  
**Atlanta, GA 30334**  
**ATTN: Physician Assistant Unit**