

FORM D LICENSE VERIFICATION

INSTRUCTIONS: Original verifications of license history certification is required for each permanent, temporary, training, provisional, or limited license obtained in any country. The issuing authority should mail the verification directly to the Medical Board. If licensed by examination, give the state.

Section I: To be completed by the applicant. Original verification history of all medical licenses you have held or currently hold is required – even if you have not worked in that state for 20 years or you got a license and never practiced in that state. List the Country, dates of licensure, licensed by examination.

This form should be sent to each state in which you are now or ever have been licensed to practice medicine.
This form may be photocopied.

TO: _____ Board of Examiners

I am applying for a Georgia Institutional License. The Georgia Composite Medical Board requires your Board to complete this form in order that my application for licensure may be considered. By signing this form, I give my consent to the release of any information, favorable or otherwise, for its review in considering me for licensure. Please mail the completed form as soon as possible to the Board at the address listed below.

My license number: _____ was issued by your Board on _____ on the basis of

_____	_____	_____
FULL NAME	STREET ADDRESS	APT. NO.
_____	_____	_____
SIGNATURE	CITY	STATE ZIP

Section II: This Section To Be Completed By An Official of The Above Referenced Licensing Board.

Do Not Return This Form To the Applicant, but mail it directly to:

**Georgia Composite Medical Board
ATTN: INSTITUTIONAL PHYSICIAN LICENSURE
2 Peachtree Street, NW - 6th Floor
Atlanta, Georgia 30303**

Medical License Number _____ to practice medicine and surgery in the
Country of _____ was issued on _____ to Dr. _____.

Is license current and in good standing? Yes No

Has any disciplinary action ever been taken against this physician? Yes No

PLEASE PROVIDE COMPLETE DETAILS, INCLUDING COPIES OF ANY DOCUMENTS.

Signed

Date

Title

State Board

BOARD SEAL MUST BE IMPRINTED HERE