

FORM F

STATE BOARD LICENSE VERIFICATION

INSTRUCTIONS: Applicants with out-of-state certification are to complete Part 1 and of this form and mail to the **issuing** State Certification Board. Part 2 of the form should be complete by the State Certifying Agency.

PART 1: To be completed by the applicant.

TO: _____ Board of Examiners

I am applying for a Georgia Acupuncturist 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.

FULL NAME _____ STREET ADDRESS, APT. NO. _____ CITY _____ STATE _____ ZIP CODE _____

LICENSE # _____ ISSUED _____ EXPIRES _____

PART 2: This Section To Be Completed By An Official of The Above Referenced Licensing Board. Do not return this form to the applicant but email it directly to the Georgia Composite Medical Board at the address below.

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|--|--------------------------|-----|--------------------------|----|
| 1. Is the above individual currently certified in your state? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. What was the total number of hours in training? _____ | | | | |
| 3. Was this person required to take an exam? If so, name the exam: _____ | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Has this license ever been revoked, suspended, denied or otherwise disciplined by your state? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Has the above individual ever been convicted of a felony? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 6. Do you know of any reason why certification should be denied? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Name of verifying person:

Signed _____

_____ Date

_____ Title

_____ Agency Name

_____ Agency Phone Number

Please submit your completed form to:

<https://gcmb.nextrequest.com/>