



GEORGIA COMPOSITE MEDICAL BOARD LICENSURE OF PAIN MANAGEMENT CLINICS GENERAL INFORMATION AND CHECKLIST

GENERAL INFORMATION

Official Code of Georgia Annotated, 43-34-282 '**Pain management clinic**' means a medical practice advertising 'treatment of pain' or utilizing 'pain' in the name of the clinic or a medical practice or clinic with greater than 50 percent of its annual patient population being treated for chronic pain for non-terminal conditions by the use of Schedule II or III controlled substances. This term shall not include any clinic or practice owned, in whole or in part, or operated by a hospital licensed pursuant to Chapter 7 of Title 31 or by a health system or any ambulatory surgical center, skilled nursing facility, hospice, or home health agency licensed pursuant to Chapter 7 of Title 31.

Official Code of Georgia Annotated 43-34-283(a), provides that on and after July 1, 2013, all pain management clinics shall be licensed by the board and shall biennially renew their license with the board. In the event that physicians in a pain management clinic practice at more than one location, each such location shall be individually licensed by the board, and such license shall be nontransferable.

EMPLOYMENT IN GEORGIA. It is strongly recommended that you DO NOT practice in a pain clinic or operate a pain management clinic until your Georgia pain management clinic license number has been issued.

Brief Overview

In order for an application to go before the Board for approval, it must be received as completed 10 business days before the next scheduled Board meeting. Completion of an application is when all primary source documentation has been received and reviewed, your application has met all administrative screenings, and a final quality assurance review has been completed on your application.

Applications are reviewed in date order of receipt. Submit all required documentation as soon as possible, however, without the application and fee, staff cannot begin the initial review of your application. It is recommended that applicants wait 10 business days, or until receipt of a deficiency letter, to contact the staff by phone regarding the status of their application. It is imperative for applicants to understand that the review process is guided by the requirements set forth in State law, **which does not provide for any waivers to be granted by staff.**

APPLICATION PROCESSING INFORMATION

Mail the original application, application fee and all required documents to:

**Georgia Composite Medical Board
ATTENTION: PAIN MANAGEMENT CLINIC
APPLICATION FOR LICENSURE
2 Peachtree Street, N.W., 6th Floor
ATLANTA, GA 30303**

Contact Information:

Acknowledgement of your application will be sent by email. In some cases, you may have to check your spam/junk mail for the email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner.

All items listed that apply to your situation **MUST** be submitted. All copies must be 8-1/2 x 11, **single-sided** and official where required. For quality and confidential purposes, facsimiles of application materials are not accepted. All application material must be original, unaltered, and official where required. **APPLICATIONS ARE VALID FOR 6-MONTHS FROM DATE OF RECEIPT.**

CHECKLIST - PAIN MANAGEMENT

- ☐ **APPLICATION FEE. \$500.00** - Make your check or money order payable to: Georgia Composite Medical Board.
- ☐ **PAIN MANAGEMENT CLINIC REGISTRATION APPLICATION.** Complete the application in its entirety. **NOTE: EACH OWNER, PRINCIPAL, OFFICER, OR AGENT MUST SUBMIT SECTION III (OWNER QUESTIONNAIRE – PAGES 7-8) OF THE APPLICATION.**
- ☐ **PROOF OF OWNERSHIP.** Submit official documents such as incorporation papers filed with Secretary of State, or a business license issued to the location identified in the application. The Board, at its discretion may request a lease agreement, bank accounts, information related to billing practices of the business, evidence related to form of payment for the owners of the clinic and physicians practicing at the clinic and any other documentation that the Board may need to determine actual ownership. If you have more than one location, provide a copy for **each location**.
- ☐ **CRIMINAL BACKGROUND CHECK.** Each owner, principal, manager, agent, and licensed health care practitioner must pass a criminal background check and further investigation, at the Board's discretion. **COMPLETE SECTION IV (PERSONNEL CERTIFICATION FORM – PAGE 9) OF THE APPLICATION.**
- ☐ **FORM A, AFFIDAVIT OF APPLICANT OWNERS.** Read this form in its entirety and complete all areas. A current passport photo is required to complete this form. Do not submit photos from digital reproductions, magazines, yearbooks, weddings, birthdays, family outings, etc. Take this form to a notary public for witness of your signature. The applicant's signature date and the notary signature date must match. **SIGNATURES MUST BE ORIGINAL.** No whiteouts or strikeouts are accepted. **NOTE: EACH OWNER, PRINCIPAL, OFFICER, OR AGENT MUST SUBMIT THE AFFIDAVIT.**
- ☐ **FORM B, REGISTRATION OF PROFESSIONAL BUSINESS FORM.** Complete the form, have it notarized and send along with your application packet from **EACH** owner, principal, officer or agent.
- ☐ **SECURE AND VERIFIABLE DOCUMENT.** Send the verifiable document from **EACH** owner, principal, officer or agent with your application packet. A listing of acceptable documents can be found attached to FORM B.
- ☐ **CV/Résumé.** A CV/Resume is required from each owner, principal, officer, agent, and **practicing physician**. Send the cv/resume along with your application packet.
- ☐ **National Practitioner Data Bank Report and Health Integrity and Protection Data Bank Report** required for all physicians, physician assistants, and advance practice registered nurses who are **owners of the clinic or will be practicing in the clinic**.
 - A. Self-query the National Practitioner Data Bank www.npdb-hipdb.com
 - B. Once you have access to the NPDB report, the system will allow you to save a pdf file of the report to your desktop. You can then **EMAIL** the pdf file to tara.edwards@dch.ga.gov
- ☐ **DEA DOCUMENTATION.** Submit a copy of your DEA Registration number. This is required for all physicians, physician assistants and advance practice registered nurses working in a pain clinic who have a DEA.
- ☐ **Proof that each physician owning or practicing in a pain management clinic has registered with the Georgia Prescription Monitoring Program ("PDMP").** Each physician practicing at a pain clinic must regularly check the PDMP on all new and existing patients.
- ☐ **All pain management clinics that dispense controlled substances or dangerous drugs shall be registered with the Georgia State Board of Pharmacy as required by Chapter 4 of Title 26.**