

The Georgia Composite Medical Board is moving toward a paperless system. All applications and fees are now required to be submitted through the online system.

All documents uploaded to an online portal need to be scanned as Adobe PDFs – no jpgs, no docx – to ensure clarity and conformity.

Information Only:

An alternative method of applying for a Georgia medical license is through the Interstate Medical Licensure Compact Commission. More info: <https://www.imlcc.org/faqs/>

Physician License:

Physicians can access the online licensing site at <https://gcmb.mylicense.com/egov/>. You will be required to set up a new User ID and Password when using the system for the first time by clicking "Register a Person".

- If you currently hold or previously held a license in a profession licensed by GCMB, you will be matched to your existing record in our database when you provide your Last Name (as you were licensed), Date of Birth, License Number and press the Search button.
- NOTE: You are not required to enter a Renewal ID, Registration Code, or National Provider ID.
- If you have not held a license in Georgia, enter your Last Name, Date of Birth and press the Search button. You will be able to enter information to create an account.

Please utilize the following information to complete the requirements for licensure:

- **Specific Power of Attorney – only required if using third party to handle application process.**
 - Preferred method of submission is upload through the online account.
 - Should be attached in emails sent by credentialing agent/agency with recognizable notary seal.
 - Include contact information of third party.
 - Must be signed by applicant and notarized.
- **Application Questions – all questions require a response.**
 - The only method of submission is through the online account.
 - “Yes” responses require statements of the circumstances surrounding the event and relevant documentation to the situation (convictions, arrests, board actions. denials, etc.)
- **Military Discharge Paperwork**
 - **Copy of Report of Separation from Active Duty not a copy of the Honorable Discharge certificate.**
 - Preferred method of submission is upload through the online account.
- **Affidavit of Applicant (with Passport Photo)**
 - Preferred method of submission is upload through the online account.
 - Color copy best to ensure readable photo and notary.
 - Photo has to be recognizable.
 - Notary Seal must be recognizable via scanned email.
 - Must be signed by applicant and notarized.
- **Citizenship Affidavit**
 - Preferred method of submission is upload through the online account.
 - Notary Seal must be recognizable via scanned email.
 - Must be signed by applicant and notarized.
- **Verifiable Document – or Qualified Alien Status Document(s)**
 - Preferred method of submission is upload through the online account.
 - US Citizens: Clear, legible copy of Driver’s license or Passport. Only one document is required.
 - Please avoid use of Birth Certificates as they are required by law to be an original or certified copy of the original.

- Non-US Citizens: Clear, Legible copy of qualified alien status documents, i.e. Permanent Resident Card – front and back; SEVIS document; etc. Please avoid copies of Driver’s license as this does not indicate your citizenship status in the US.
- **CV or Resume**
 - Preferred method of submission is upload through the online account.
 - Ensure chronological progression of clinical practice, education, employment, and explanations for any time gaps.
 - Be sure to include date(s) last practiced clinical medicine.
- **Malpractice Questionnaire**
 - Required of all applicants
 - All areas are to be completed as applicable.
 - Check “None” box if no cases.
 - If named in a suit, include all information for the case.
 - Sign/Date.
 - Complete a form for each case.
 - Preferred method of submission is upload through the online account.
- **Malpractice Documentation – Collect, attach and send with Malpractice Questionnaire for each case reported:**
 - Personal Narrative
 - Plaintiff’s Complaint
 - Summary Judgment, Voluntary Dismissal, Dismissal Order, etc
 - Compile all malpractice documentation into one document for each case.
 - Preferred method of submission is upload through the online account.
- **FCVS Physician Profile is only accepted directly from FSMB. FCVS notifies the applicant when the Physician Profile has been sent to the Georgia Composite Medical Board. Please follow up with Board staff once the FCVS report has been released.**
- ***If not using FCVS Physician Profile, to be sent via email direct from verifying primary sources to your assigned Application Specialist,*** All institutional Seals and/or Notary Seals must be recognizable via scanned email:
 - Official Medical School Transcript
 - Official Medical Licensing Examination Score Transcript
 - Certification of Postgraduate Training
- **Certified English Translation MST (FMG)** – only required if original medical school transcript sent direct to Board is not in English.
 - Preferred method of submission is upload through the online account.
 - Ensure all seals are recognizable.
- **Legible copy of ECFMG Certification**
 - Preferred method of submission is upload through the online account.
- **CME – Only for Reinstatement Applicants: Please scan the CME documents/transcripts in one file. Please do not upload certificates/transcripts as individual documents.**
 - Preferred method of submission is upload through the online account.
 - Do not exceed 50 hours. If more is required, applicant will be notified.
 - Legible 8.5 x 11 copies of certificates/transcripts need to be scanned as a single document.
 - Certificates/Transcripts are required to provide: Name of provider; Name of program; Hours/continuing education Units completed; Date of Completion; and Evidence of A.M.A. Category 1 credit or A.O.A. Category 1 credit.
- **Reference Forms are required to be sent direct from the physician giving the reference.**
 - **Three required for Initial Licensure**
 - **Two required for Reinstatement**
 - Not accepted from applicant or credentialing agent/agency or reference’s practice manager
 - Not accepted from personal email address such as Gmail, Yahoo, Hotmail, etc.
 - Required to be sent from a business email address (hospital, school, practice, etc).

- **National Practitioner Databank Report**
 - Preferred method of submission is upload to online account.
 - Order this report via <https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp>. NPDB will not send your report to a third party.
- **Official License Verification(s)**
 - Verifications required from **each** state, territory, or province of the USA or Canada in which you have been issued **any** type of medical license, including but not limited to training, limited, institutional, provisional, unlimited, or restricted licenses, active or inactive. The Georgia Composite Medical Board requires this to be sent directly from the licensing authority or through Veridoc at www.veridoc.org. Contact information for other licensing authorities can be found at <https://www.fsmb.org/contact-a-state-medical-board/>. Use a copy of Form D as a release form if the other State Medical Boards require one.
 - Required to be received from verifying licensing board via email or mail.
 - Cannot be screen shots from web sites printed by applicant or agent.
 - Kentucky Medical Board sends active license verifications to licensees and the GCMB accepts these from the applicant.

Telemedicine License information: DEA considers a Telemedicine license as a restricted license. Physicians may apply for the full GA license and still practice Telemedicine.
More info: <https://rules.sos.state.ga.us/GAC/360-2-.17>

GCMB Website

<https://medicalboard.georgia.gov/>

GCMB Licensing site

<https://gcmb.mylicense.com/eGov>

GCMB Physician Rules

[Physician Licensing Rules Chapter 360](#)

GCMB License verification site

<https://gcmb.mylicense.com/Verification>