

GEORGIA COMPOSITE MEDICAL BOARD



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INSTITUTIONAL PHYSICIAN APPLICATION FOR LICENSURE GENERAL INFORMATION

ENSURE YOU HAVE THE RIGHT APPLICATION

Institutional Physician Licensure applications are good for one-year only from date of receipt.

APPLICATIONS WILL NOT BE REVIEWED WITHOUT APPLICATION FEE

Application Fee: **\$500**; ONLINE APPLICATION ONLY

NOTE: WE WILL DISCUSS APPLICATION STATUS WITH THE APPLICANT ONLY, UNLESS A SPECIFIC POWER OF ATTORNEY AFFIDAVIT IS ON FILE WITH THE BOARD. Applications are confidential pursuant to State law. Therefore, application status updates must be obtained from the applicant. Please inform all hospitals, employers, recruiters, referral companies, family members, or insurance companies that application status updates must be obtained from you. A Specific Power of Attorney Form is included with the application packet for your use, if you want an agency or other individuals who you designate to handle the application process. The Specific Power of Attorney form must be **signed and notarized** in order to be accepted by the Medical Board.

FALSIFICATION/MISREPRESENTATION

Please be aware that falsification or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying or revoking a license.

BRIEF OVERVIEW

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 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. **Physician Licensure applications are valid for one-year from date of receipt.**

EMPLOYMENT IN GEORGIA. It is strongly recommended that you DO NOT accept employment to practice medicine in Georgia until your Georgia license number has been issued.

INTERNET DISCLOSURE OF INSTITUTIONAL PHYSICIAN ADDRESS

Georgia law requires the Georgia Composite Medical Board to provide, upon written or verbal request, an address for each licensed institutional physician. Public-record information pertaining to licensed physicians is available to the public through the Board's website www.medicalboard.georgia.gov.

The release of this information has highlighted the need for institutional physicians to carefully consider the address they provide to the Board as their address of record. Please be aware that the address you indicate as your address of record will be the address disclosed to all individuals making inquiries and will be utilized to mail all licenses, renewal notices, and other official correspondence from the Board. The Institutional Location will be posted on the Internet.

Georgia law requires that the Board be kept informed of any changes of address. Changes should be submitted in writing to the above address, and should include the license number, name, old address and new address.

INSTITUTIONAL PHYSICIAN LICENSURE – CHECKLIST

The CHECKLIST is intended to assist you with the filing of a complete application. Read all instructions on each page carefully and utilize the checklist as you are filling out the application. All items listed that apply to your situation must be submitted in order for your qualifications for licensure to be assessed. When submitting copies of documents, please ensure they are **8-1/2 x 11 inch copies** of the original. **SUBMIT ALL DOCUMENTATION TO THE PORTAL.**

- ☐ **FORM A - EXCEPTIONAL CIRCUMSTANCES CONSIDERATION FORM**
Complete this form in its entirety and submit with your application.

- ☐ **CERTIFICATION OF POSTGRADUATE TRAINING FORM**
This form must be submitted to every training facility for every medical graduate completing postgraduate training. **No whiteouts or strikeouts are accepted.** The Program Director should complete the form and return it to you in a **sealed envelope**. **Have the Program Director to sign his/her name across the back of the envelope. Do not open the envelope;** send it with your application packet. **Altered envelopes which contain official, original, certified official documents will not be accepted.**

- ☐ **REFERENCE FORM**
Three **Reference Forms** are required - one each from licensed physicians who have known you and have been familiar with your practice for **more than six months**. If you are currently in residency training, a reference form from your program director is required. Complete your part of this form by filling out your name. **DO NOT COMPLETE THE SECTION FOR THE REFERENCE SOURCE.**

In addition, the forms must meet the following criteria:

- Sent by licensed physicians familiar with your practice and who have known you more than six months.
- Original signature and date of signature of reference source.
- The date of the reference source's signature is invalid six months of the date it was signed.
- It is preferable that one be sent by the Program Director or Chief of Service for those who have recently completed residency training, or the last hospital where staff privileges were held.
- Faxed forms are not accepted.

The Physician should complete the reference form and return it to you in a **sealed envelope**. **Have the physician sign his/her name across the back of the envelope. Do not open the envelope;** send it with your application packet. Formal letters of reference are not accepted in lieu of the Reference Form because questions on the form are required to be answered by the Georgia Composite Medical Board. **Altered envelopes which contain official, original, certified official documents will not be accepted.**

- ☐ **MEDICAL SCHOOL TRANSCRIPT(S)**
Applicants must have official transcripts of all medical and premedical education emailed directly to the Board from the school where such education was taken via Parchment, Transcript, etc.. If the transcripts are in a foreign language, applicants must furnish a **certified English translation**. Transcripts must include the dates the applicant attended the school and the grades received in all courses taken to fulfill the requirements of the degree granted. You will need to contact your medical school to determine what information they need to send you a transcript of courses and grades that made up your medical education. **Email OFFICIAL MEDICAL SCHOOL TRANSCRIPT VIA EMAIL TO: gcmb.physician@dch.ga.gov**

- ☐ **FOREIGN MEDICAL SCHOOL PROGRAM OF EDUCATION**
All other foreign medical schools must have a program of education in the science and art of medicine leading to a medical doctor degree or the medical doctor equivalent that requires a minimum of two (2) years of pre-medical training which includes at least 130 weeks of instruction. Applicants must have official transcripts that include at least 130 weeks of instruction

- ☐ **EXAMINATION SCORES**
Scores of all examinations taken to attain medical license are required. Request that transcripts **be sent directly to the Georgia Composite Medical Board via FSMS-USMLE, FLEX, (NBME, COMPLEX are mail only)**

**NATIONAL PRACTITIONER DATA BANK (NPDB)/HEALTHCARE INTEGRITY AND PROTECTION DATA BANK (HIPDB)**

These data banks are mandated by Congress to track regulatory Board disciplinary actions and certain actions resulting from peer review and malpractice payments. This is to advise you that you must **self-query** the NPDB and the HIPDB on your own as part of the application process for a Georgia medical license. Simply query the data bank using the Internet address at www.npdb-hipdb.com, then click on Perform a Self-Query from the Quick List on the home page, or call 1-800-767-6732 from 8:30 am to 6:00 pm EST (8:30 to 5:30 on Fridays). When you receive the response, **do not open the envelope** – **send the envelope, unopened, directly to the Board along with your application packet.** **Altered envelopes which contain official, original, certified official documents will not be accepted. You MUST REQUEST the NPDB-HIPDB.**

**FORM D - LICENSE VERIFICATION FORM**

Original official, certified verifications of license history of all medical licenses you have held or currently hold is required. List the State/Country, dates of licensure, licensed by examination or board examination. **Copy this form and send it to each licensing board and request that the Board verification be sent directly to the Board.**

**FORM E -TERMINATION FORM**

Should any institutionally licensed physician wish to terminate licensure, he/she shall notify the Georgia Composite Medical Board of this intention in writing by certified mail or by hand delivery and shall immediately return his/her license to the Board. Should a disciplinary proceeding by the Board be pending at the time of such surrender, such surrender shall have the same effect as a revocation of a license and be reportable as a disciplinary action. Complete Form E and mail directly to the Board.

**FORM F - SPECIFIC POWER OF ATTORNEY**

If you want an agency or other individuals who you designate to handle the application process, a Specific Power of Attorney form must be **signed and notarized** in order for the staff to discuss your application status with anyone other than the applicant.

**FOR APPLICANTS WHO ARE NOT U.S. CITIZENS:**

If you are not a U.S. citizen, you must submit documentation that will determine if you have a qualified alien status. **Only those applicants who can provide proof will be granted a license.** The Board participates in the **DHS-USCIS SAVE** (Systematic Alien Verification for Entitlements or "SAVE") program for the purpose of verifying citizenship and immigration status information of non-citizens.

In order to confirm your status with the SAVE program, you need to provide the board with **legible** copies of **one** of the following document(s):

1. Valid (not expired) foreign passport with I-94 or I-551
2. Temporary resident alien card (I-688)
3. Permanent resident alien card (I-551)
4. Employment Authorization Card (I-766) or (I-688A)
5. Employment Authorization Document (I-688B)
6. Refugee Travel Document (I-571)
7. Reentry Permit (I-327)
8. Certificate of Citizenship
9. Naturalization Certificate
10. Machine Readable Immigrant Visa (with Temporary I-551 Language)
11. Temporary I-551 Stamp (on passport of I-94)
12. I-94 (Arrival/Departure Record)
13. I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
14. DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

Please be sure that copies of any submitted documents are legible. Use a good quality copier and increase the size of the copy if need be. If the following information is needed, it must be legible: Alien Number; Card Number; Document Expiration Date; SEVIS ID Number. One or all of these numbers or dates may be required when we submit your information to SAVE. If we cannot read what you have submitted, we will be unable to submit your information to the SAVE program, which will delay the consideration of your application.

**AFFIDAVIT OF APPLICANT**

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, magazine, yearbook, wedding, birthday, family outing, 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. No whiteouts or strikeouts are accepted.**

**CV/RESUME**

The Georgia Composite Medical Board requires that applicants for licensure provide Curriculum Vitae. This document should be a chronological representation of all **education, employment, and medical activities, including your present position, employment, and specialty.** **Give a complete chronological accounting of any gaps in training or experience.**