

2024-2025 INITIAL APPLICATION -- RESIDENCY TRAINING PERMIT

GCMB will discuss the application status with the applicant and Program Director/GME Designee ONLY associated with the temporary training permit. The GME office should submit all required documentation as soon as possible; however, without both the application and fee, staff cannot begin the initial review process. All fees are **nonrefundable**.

Applications will be submitted online through the applicant portal. Supporting documentation from the schools may be EMAILED or FILE-SHARED to the Board Office in groups or batches. Allowable email size with attachment is **25MB**. Please provide a list of resident names with the forms you submit to the Board. Board staff will notify in writing via email to the GME Office with the application status and an itemized list of documents needed to complete the file (if required.)

_____ **\$150 Application Fee** per application to be paid online via credit/debit card

_____ **Complete Application**

On Question Page – If any YES answers, attach appropriate statement(s)/documentation.

_____ Complete **Form A** - Affidavit of Applicant Form. **Form must be notarized. School stamp or seal is not acceptable.** The Applicant Date and the Notary Date must match. A passport-sized photograph is required. Scan and upload completed document and photo on attachment page.

_____ Complete **Form A1** – Notarized Affidavit for Medical Board License Form. Submit the appropriate documentation. **Form must be notarized.** Scan and upload completed document on attachment page.

_____ Copy of the documentation to show lawful presence in the U.S. (see next page)

_____ Complete the top portion of **Form B** - Certificate of Postgraduate Training Form. The Program Director must complete and sign the middle and bottom portions – **Form must be notarized.** School may scan and email document.

_____ * Letter of Good Standing is required IF the resident is entering the program as a PGY2 or higher.

_____ If a US/Canadian graduate, submit a copy of the **medical school or osteopathic school diploma.** Scan and upload document on attachment page.

_____ If a foreign medical school graduate, submit a copy of the **ECFMG Certification only.** (Do NOT send the diploma!) Scan and upload document on attachment page.

Medical school or osteopathic school must be approved by the ACGME, AOA, or the LCME.

If a copy of the diploma is not available, a **letter from the school (on letterhead) with the expected date of graduation** can be accepted.

Email or file-share the completed applications with a list of resident names to Residency.Training@dch.ga.gov

If you require additional information, please email or call:

David Harris david.harris@dch.ga.gov

Documentation to be submitted with the Notarized Affidavit:

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2012 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/ind ex.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]FORM B –
REGISTRATION OF PROFESSIONAL BUSINESS PAIN MANAGEMENT APPLICATION

- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

If you are NOT a U.S. citizen, provide the following:

Permanent Resident card – copy of the I-551 (Both FRONT and BACK of card)
 Employment Authorization Card - copy of the I-766 or I-688A
 J-1 Visa – copy of the DS-2019 (J-1 visa) and copy of the I-94
 F-1 Visa – Copy of the I-20 (F-1 visa) and copy of the I-94
 H-1-B visa – Visa Information with valid (not expired) foreign passport and I-94

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.

MAKE SURE ALL COPIES ARE LEGIBLE. Use a good quality copier and ENLARGE the size of the copy if needed. If we cannot read your documents, we will be unable to submit your information to the SAVE program, which will delay the processing of your application.

NAME: _____

SS#: _____

PRINT LEGIBLY

FORM A

Temporary Postgraduate Training Permit

AFFIDAVIT OF APPLICANT



Notice: All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will delay the processing of your application. The information provided would be used to determine your qualifications for a temporary postgraduate training permit per Georgia Law that authorizes collection of this information. The information on your application may be transferred to other medical licensing authorities the Federation of State Medical Boards or other governmental or law enforcement agencies.

I acknowledge and state that I have read the Application for Temporary Postgraduate Training Permit Information and Applicant Instructions that accompanied this application and I have answered all questions in compliance with these instructions. I acknowledge that it is my responsibility to read and become familiar with the Medical Practice Act and the Board Rules, copies of which are sent to applicants.

I further state that by filing this application for a temporary postgraduate training permit to practice medicine in the State of Georgia; I hereby authorize and consent to have an investigation made as to my moral character, professional reputation, and fitness for the practice of medicine. I agree to give any further information, which may be required in reference to my past record. I understand that I will not receive a copy of the report or know its content and I further understand that the contents of the investigative report will be privileged unless determined otherwise by the Board or Court Order.

I request and authorize any treatment program to release alcohol and drug abuse patient records to the Georgia Composite Medical Board for the purpose of evaluating my fitness to practice. The consent of this paragraph is subject to revocation pursuant to federal regulations and terminates upon the date of termination of my training permit in Georgia.

I authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or International), court, association, institution, or other organization having control of my documents, records and other information pertaining to me, to furnish to the Georgia Composite Medical Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Georgia Composite Medical Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information, in connection with this application, subsequent licensure or practice there under.

I authorize and request the Georgia Composite Medical Board to obtain any criminal history information concerning me from any authorized law enforcement agency, including but not limited to the Georgia Crime Information Center (GCIC) and the National Crime Information Center (NCIC).

I hereby release to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to evaluate my qualifications to practice medicine, including, but not limited to my moral character, professional reputation and fitness to safely practice medicine.

I hereby release, discharge, and exonerate the Georgia Composite Medical Board, its agents or representatives, and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records or other information or the investigation made by the Georgia Composite Medical Board.

I authorize the Georgia Composite Medical Board to release information, material, documents, or the like relating to me or to this application to any other State or Territory of the United States or Province of Canada, a law enforcement agency, hospital or other appropriate agencies as determined by the Georgia Composite Medical Board.

I hereby swear or affirm under penalties of perjury that all statements made by me in this application and any attachments hereto and made a part hereof are true and correct. I understand that pursuant to the Official Code of Georgia Annotated, Section 43-34-46, any person who shall give false or forged evidence of any kind to the Board in connection with an application for a license to practice medicine shall be guilty of a felony and upon conviction thereof, shall be punished by a fine of not less than \$500.00 nor more than \$1,000.00, or by imprisonment from two to five years, or both.

I understand that I must limit my activities under the training permit to such acts as may be prescribed by or incidental to the training program, that I may train only under the supervision of physicians responsible for supervision as part of the training program and may practice in facilities affiliated with the program only if such practice is part of the training program.

SIGNATURE OF APPLICANT _____ DATE _____ CITY _____ COUNTY _____ STATE _____

PRINTED NAME OF APPLICANT _____

Being duly sworn, says that he/she is the person who executed the above application for a temporary postgraduate training permit in the State of Georgia; and that all the statements herein contained are true in every respect and that the attached photo is a true photo of the applicant. In addition, I will immediately notify the Board in writing of any changes to the answers to questions contained in the Applicant Questionnaire if such a change in answer is warranted at anytime, prior to being granted a temporary postgraduate training permit by the Georgia Composite Medical Board.

NOTARY SEAL MUST BE IMPRINTED HERE

Sworn and subscribed to me this _____ day of _____, 20____. My Commission Expires _____

_____(Notary Public) _____

NAME: _____

SS#: _____

PRINT LEGIBLY

FORM A(1)

O.C.G.A. § 50-36-1 Affidavit for Medical Board License

Name of Resident: _____

PRINT LEGIBLY

Institution Name: _____

Residency Program Name: _____

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, from the Georgia Composite Medical Board, the undersigned applicant verifies one of the following with respect to my application for a public benefit: **(SELECT ONLY ONE.)**

1. _____ I am a United States citizen.
2. _____ I am a legal permanent resident of the United States.
3. _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. My alien number issued by the Department of Homeland Security or other federal immigration agency is:

_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1, with this affidavit.

REQUIRED: The secure and verifiable document provided with this affidavit can best be classified as:

_____.

**U.S. citizens – U.S. passport, driver’s license, or certificate of naturalization
NON-US citizens - I-551, I-766/I-688A, J-1 visa, F-1 visa, H1B visa, I-94 – all that apply**

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Residency Training Permit
License Type

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ DAY OF _____, 20_____

NOTARY PUBLIC

My Commission Expires: _____

NAME: _____

SS#: _____

PRINT LEGIBLY

**FORM B
CERTIFICATE OF POSTGRADUATE TRAINING FORM**

INSTRUCTIONS: Complete all items, including all required documentation, signatures, and seals.

PART 1: To be completed by the Applicant

LAST NAME

FIRST NAME

MIDDLE INITIAL

DATE OF BIRTH

TELEPHONE NUMBER
HOME:

WORK:

GEORGIA GME PRACTICE ADDRESS:

CITY

STATE

ZIP CODE

PART 2: To be completed by the Incoming Program Director

TYPE OF PROGRAM: CIRCLE THE YEAR OF TRAINING

PGY1

PGY2

PGY3

PGY4

PGY5

PGY6

PGY7

Name of Training Program (i.e., Internal Medicine, Psychiatry) _____

Must Complete

Beginning date of training in GA program:

Projected Completion Date in GA program:

This section must be completed by the Program Director (Incoming Program) who is licensed in Georgia.

PROGRAM DIRECTOR'S AFFIDAVIT

I hereby recommend the above applicant be granted a postgraduate training permit. I hereby certify that he/she will limit his/her practice to such acts as may be prescribed by or incidental to the training program, that he/she may train only under the supervision of physicians responsible for supervision as part of the training program and may practice in facilities affiliated with the program only if such practice is part of the training program for which the permit is granted. I hereby recommend the above applicant be granted a postgraduate training permit. **I understand that I must report to the Board the following within 15 days of the event: any disciplinary action taken against the permit holder for any ground or violation enumerated in O.C.G.A. §§ 43-34-37 and 43-1-19, the permit holder's withdrawal or termination from or completion of a postgraduate training program, or the permit holder who has an unauthorized absence from the program for any length of time in excess of two weeks.**

Please type or print:

Program Director's Name

Title

Signature

Date

Sworn to and subscribed before me this

_____ day of _____, 20____.
DATE MONTH YEAR

SIGNATURE OF NOTARY PUBLIC or UNIVERSITY REPRESENTATIVE

EXPIRATION STAMP must be stamped here

