

Georgia Composite Medical Board



2 Peachtree Street, NW • 6th Floor • Atlanta, Georgia 30303 • (404) 656-3913 • www.medicalboard.georgia.gov

GENERAL INFORMATION NEW GRADUATES FROM AA/PA SCHOOL

- **APPLICATIONS WILL NOT BE REVIEWED WITHOUT APPLICATION FEE OF \$300.00**
Make check/money order payable to: **Georgia Composite Medical Board.**
ONLY Georgia State Government or Georgia County employees are fee exempt, NOT Federal government employees.
All applicants must have graduated from an accredited Physicians Assistant education program approved by the Board.
- **Please read the instructions carefully PRIOR TO attempting to answer the questions on the Physician Assistant Application Forms.**
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.
- **Please read the Frequently Asked Questions regarding Physician Assistants on our web site at www.medicalboard.georgia.gov**
- **Please do not submit two-sided copies of the application or accompanying documentation.**
- **The application deadline is the 15th of each month PRIOR to the next scheduled board meeting to be considered. All forms to complete your application must be received by (10) ten business days.**
- **INTERNET DISCLOSURE OF PHYSICIAN ASSISTANT ADDRESS**
Georgia law requires the Georgia Composite Medical Board to provide, upon written or verbal request, an address for each licensed physician assistant. Public-record information pertaining to licensed physician assistant is available to the public through the Board's website (www.medicalboard.georgia.gov).

The release of this information has highlighted the need for individuals 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 Practice Location will be posted on the Internet.

You may choose your home address or your office address to be your address of record. If you list a P.O. Box as your primary address, you must also provide a secondary street address that will remain confidential.

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.

- You are required to obtain the Board's written authorization prior to practicing. **DO NOT** begin working as a Physician Assistant without receipt of an approved license **AND** written temporary approval from the Georgia Composite Medical Board of the Primary Supervising Physician.
- When the application is complete, a temporary approval letter will be issued and will remain in effect for 90 days or until a passing score from the NCCPA or the NCCAA has been received and reviewed by the Medical Board (whichever period is lesser).
YOU MUST STOP WORKING IMMEDIATELY UPON NOTIFICATION OF A FAILED SCORE AND NOTIFY THE BOARD.
Temporary approval **WILL** not be issued to anyone who has failed an examination until documentation is received indicating a passing score.

TEMPORARY LICENSES WILL NOT BE ISSUED TO REINSTATEMENT APPLICANTS OR APPLICANTS WHO CURRENTLY HOLD OR HAVE EVER HELD A LICENSE IN ANY OTHER STATE.
- **AN ALTERNATE SUPERVISOR DOES NOT AUTOMATICALLY BECOME YOUR NEW SUPERVISING PHYSICIAN. YOU MUST SUBMIT A NEW ADD/CHANGE APPLICATION FOR A NEW PRIMARY SUPERVISOR (AND ALTERNATES) IF YOUR RELATIONSHIP WITH YOUR CURRENT BOARD APPROVED PRIMARY PHYSICIAN TERMINATES.**
- **Section J and Section K** of Form F (Basic Job Description) allows **prescribing privileges and pharmaceutical sample authority** for Physician Assistants. If you do not need these privileges, the physician may cross through this section if desired.

**APPLICATION CHECKLIST
NEW GRADUATES FROM AA/PA SCHOOL**

APPLICANTS MUST SUBMIT EITHER:

****FOR LICENSURE ONLY:**

- **Pages 1- 4 – Initial Physician Assistant Application**

OR

****FOR LICENSURE AND APPROVAL OF PRIMARY SUPERVISING PHYSICIAN:**

- **Page 1-4 – Initial Physician Assistant Application**
- **Page 5 - Utilization of a Physician Assistant**

- **Form E - Basic Job Description – Physician Anesthesiologist Assistant**

OR

- **Form F – Include the Basic Job Description of Physician Assistant – Primary Care**

Must be ORIGINAL SIGNATURE by the applicant and the primary supervising physician. Supervising physician must also list all alternate supervising physicians, if applicable.

ALL APPLICANTS MUST ALSO SUBMIT:

- ◇ **Form A - Affidavit of Applicant**
Must be signed, dated and notarized. Must have original signatures. Must complete in its entirety.
The applicant and notary signature dates **must match**.
A current **photograph** that is 2"x2", head and shoulders only, and not more than six months old. Attach photograph to Affidavit.

- ◇ **Form A2-Affidavit of Citizenship**
Must be signed, dated and notarized. Must have original signatures Must complete in its entirety.
Must provide proof that you are a United States Citizen, a legal permanent resident of the United States, or a qualified alien or non-immigrant under the Federal Immigration and Nationality Act.
Verifiable Document. Along with your Notarized Affidavit, submit at least one secure and verifiable document. For a listing of acceptable verifiable documents, see Page 2-3 of Form A2.

Please be sure that copies of any submitted documents are legible. All information on document must be legible. 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.

- ◇ **Form C (AA) OR Form D (PA)– Reference Form**
Form C/D is required to be submitted in a sealed envelope from the physician completing the reference.

- ◇ **Request for Verification of Certification (PA)**

Applicant must go to NCCPA.net and request certification verification be mailed to the Georgia Composite Medical Board.

- ◇ **Form K - Certificate of Education For Physician Assistants**
Submit this form to your school. Please ask the school to complete this form and mail directly to the Georgia Composite Medical Board.
- ◇ **Resume** - Current **CV** of activities, education, certifications, etc.
- ◇ **Form J – Specific Power of Attorney (OPTIONAL)**
Authorizes your designee to make inquiries to the Board regarding your application.
Must be submitted with Initial Application.