

# Georgia Composite Medical Board

**Executive Director**  
Jason S. Jones, MPSA



**Chairperson**  
William K. Bostock, DO

**Deputy Executive Director**  
Kimberly A. Emm, Esq.

**Vice Chairperson**  
Sreeni Gangasani, MD

2 MLK Jr. Drive SE • East Tower, 11th Floor • Atlanta, Georgia 30334 • (404) 656-3913 • [www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov)

## NOTICE OF INTENT TO AMEND AND/OR ADOPT RULES

TO ALL INTERESTED PARTIES:

Notice is hereby given that pursuant to the authority set forth below, the Georgia Composite Medical Board (hereinafter “Board”) proposes amendments to the Georgia Composite Medical Board Rules by amending **Rule 360-2-.01 “Requirements for Licensure.”** An exact copy of the proposed rule is attached to this Notice.

This notice, together with an exact copy of the proposed rules and a synopsis of the proposed amendments may be reviewed between 8:00 a.m. and 4:00 p.m., Monday through Friday, except official state holidays, at 2 MLK Jr. Drive SE, East Tower, 11th Floor, Atlanta, GA 30334. These documents can also be reviewed online at <https://medicalboard.georgia.gov/board/notice-intent-amendadopt-rules>.

A public hearing is scheduled to begin at **8:30 a.m. on June 27, 2024**, at 2 MLK Jr. Drive SE, East Tower, 11th Floor, Atlanta, GA 30334 in Board Room 1162J to provide the public an opportunity to comment upon and provide input into the proposed rules. At the public hearing, any interested person may present data, make a statement or comment, or offer a viewpoint or argument orally or in writing. Lengthy statements and statements of a considerable technical or economic nature, as well as previously recorded messages, must be submitted for the official record. Oral statements should be concise and will be limited to five minutes per person. Additional comments should be presented in writing. To ensure their consideration, submit all written comments by **June 20, 2024**, to [Kimberly.Lemieux@dch.ga.gov](mailto:Kimberly.Lemieux@dch.ga.gov) or via mail to the Georgia Composite Medical Board Rules Committee at 2 MLK Jr. Drive SE, East Tower, 11th Floor, Atlanta, GA 30334.

The Board voted to adopt this Notice of Intent on **May 2, 2024**. Upon conclusion of the public hearing on **June 27, 2024**, the Board will consider whether the formulation and adoption of these proposed rule amendments imposes excessive regulatory costs on any license or entity, and whether any cost to comply with the proposed rule amendments could be reduced by a less expensive alternative that accomplishes the objectives of the statutes which are the basis of the proposed rule. Additionally, the Board will consider whether it is legal or feasible in meeting the objectives of the applicable laws to adopt or implement differing actions for businesses as listed in O.C.G.A. § 50-13-4(3)(A), (B), (C), and (D).

This Notice is adopted and posted in compliance with O.C.G.A. § 50-13-4 of the Georgia Administrative Procedures Act. A synopsis of the proposed rules and an economic impact statement are attached to this Notice. The authority for promulgation of these rules is O.C.G.A. Secs. 43-34-5, 43-34-8, and 43-34-15.

Issued this day May 24, 2024.

Jason S. Jones  
Executive Director

## ECONOMIC IMPACT AND SYNOPSIS FOR

### RULE CHAPTER 360-2 License Requirements.

#### **ECONOMIC IMPACT:**

The attached rule is promulgated under the authority of Title 43, Chapter 34. The Georgia Composite Medical Board licenses and regulates nine professions. The formulation and adoption of these rules do not impose excessive regulatory cost on any licensee, and any cost to comply with the proposed rule cannot be reduced by a less expensive alternative that fully accomplishes the objectives of Chapter 34 of Title 43 of the Official Code of Georgia Annotated. Additionally, it is not legal or feasible to meet the objectives of Chapter 34 of Title 43 of the Official Code of Georgia Annotated to adopt or implement differing actions for businesses listed in O.C.G.A. §50-13-4(a)(3)(A), (B), (C) and (D).

#### **RULE SYNOPSIS:**

##### **Rule 360-2-.01 Requirements for Licensure**

**Purpose/Main Features:** The purpose of the proposed amendments is to streamline the physician application process. The amendments remove the need for professional references, which must be primary sourced, and replace this requirement with a fingerprint background check as required by O.C.G.A. § 43-34-13. The amendments also require the submission of a Federation Credentials Verification Service (FCVS) report, which captures most of the supporting documents required for licensure in a single report rather than requiring that each document be primary sourced from separate entities and agencies.

Authority: O.C.G.A. §§ 43-1-19, 43-1-32, 43-34-5, 43-34-6, 43-34-8, 43-34-13, 43-34-21, 43-34-26, 43-34-27.

**RULES  
OF  
GEORGIA COMPOSITE MEDICAL BOARD**

**CHAPTER 360-2  
LICENSE REQUIREMENTS**

**TABLE OF CONTENTS**

**Rule 360-2-.01 Requirements for Licensure**

---

**Rule 360-2-.01 Requirements for Licensure**

- (1) An applicant for a medical license must provide:
- (a) An affidavit that the applicant is a United States citizen, a legal permanent resident of the United States, or that he/she is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act. If the applicant is not a U.S. citizen, he/she must submit documentation that will determine his/her qualified alien status. 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. If the applicant is a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, he/she must provide the alien number issued by the Department of Homeland Security or other federal immigration agency.
  - (b) An application that is complete, including all required documentation, signatures, seals, and fees. An application shall expire one year from the date of receipt. Any subsequent application must be accompanied by submission of appropriate documentation and application fee.
  - (c) Evidence of good moral character. Any applicant as a health care professional or as an expedited physician licensee shall have satisfactory results from a fingerprint records check report conducted by the Georgia Crime Information Center and the Federal Bureau of Investigation, as determined by the board. The board shall, in the course of verifying eligibility, perform a criminal background check of an applicant, including the use of the results of fingerprint or other biometric data checks compliant with the requirements of the Federal Bureau of Investigation, with the exception of federal employees who have suitability determination in accordance with U.S. C.F.R. §731.202. Reference Forms shall be valid for six months from the date of signature. If the application is not approved during the six-month period, the Board may require a new and more current reference.

~~(e)~~(d) A completed affidavit of applicant.

~~(e)~~ Federation Credentials Verification Service (FCVS) report which shall include the following:

~~(e)~~1. Verification of licensure from every state in which the applicant has ever held any type of medical license.

~~(e)~~2. Verification of a passing score on one of the following examinations approved by the Board:

~~(i)~~ i. — Steps 1, 2 and 3 of the United States Medical Licensing Examination (USMLE)

~~(ii)~~ ii. — Federation Licensing Examination (FLEX taken on or before June 1, 1985) (combined scores from different FLEX administrations between January 1, 1978 and January 1, 1985 are not accepted)

~~(iii)~~ iii. — FLEX Components I and II (FLEX taken after June 1, 1985)

~~(iv)~~ iv. — National Board of Medical Examiners (NBME)

~~(v)~~ v. — State Medical Board of Examinations taken before June 30, 1973

~~(vi)~~ vi. — Medical Council of Canada Qualifying Examination (MCCQE) for graduates of Canadian medical schools who completed post-graduate training in Canada

~~(vii)~~ vii. — National Board of Osteopathic Medical Examiners (NBOME)

~~(viii)~~ viii. — Comprehensive Osteopathic Medical Licensing Examination (COMLEX)

~~(ix)~~ ix. — The certifying examination of the Puerto Rico Medical Board, for graduates of Puerto Rican medical schools who completed post-graduate training in Puerto Rico.

3. ~~(f)~~ Verification of medical education by submitting an official transcript of all medical education directly to the Board from the school where such education was taken. If the transcript is in a foreign language, a certified English translation must be furnished. The transcript shall include the dates the applicant attended the school and the grades received in all courses taken to fulfill the requirements of the degree granted. At the Board's discretion, the medical school transcript requirement may be waived and the results of the Federation of State Medical Boards (FSMB) verification service may be accepted if the applicant adequately demonstrates that all diligent efforts have been made to secure transcripts from the school. In such a case, the Board may require the applicant to appear for a personal interview before the Physician Licensure Committee of the Board.

~~(i)~~ i. — Medical schools in the United States, Puerto Rico and Canada must require a minimum of two years of pre-medical

education and be approved by the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association Commission on Osteopathic College accreditation (AOA COCA), or the Committee on Accreditation of Canadian Medical Schools (CACMS).

(ii) ð. — A medical school located outside the United States, Puerto Rico and Canada and Fifth Pathway programs must have a program of education in the art and science of medicine leading to a medical doctor degree or the medical doctor equivalent that requires a minimum of two (2) years of pre-medical education and includes at least 130 weeks of instruction. Applicants must have official transcripts that include at least 130 weeks of instruction.

4. (g) — Verification of post-graduate/residency training as follows:

(i) ð. — Graduates of approved medical schools must show completion of one year of postgraduate training in a program approved by the Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA) or the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada (CFPC). The Board may consider current certification of any applicant by a member board of the American Board of Medical Specialties (ABMS) as evidence that such applicant's postgraduate medical training has satisfied the requirements of this paragraph. Approved Medical Schools are those located in the United States, Puerto Rico, and Canada, those listed on the Medical Schools Recognized by the Medical Board of California (effective February 4, 2010, adopted by reference), and schools that have been approved by a regional accreditation authority with standards equivalent to LCME and approved by the National Committee on Foreign Medical Education and Accreditation (NCFMEA).

(ii) ð. — Graduates of medical schools not approved by the Board must show completion of three years of postgraduate training in a program approved by the Accreditation Council for Graduate Medical Education (ACGME), the American Osteopathic Association (AOA), the Royal College of Physicians and Surgeons of Canada (RCPSC), or the College of Family Physicians of Canada (CFPC). The Board may consider current certification of any applicant by a member board of the American Board of Medical Specialties (ABMS) as evidence that such applicant's postgraduate medical training has satisfied the requirements of this paragraph.

~~(iii)iii.~~—Applicants who were licensed in another State on or before July 1, 1967 are not required to supply proof of any postgraduate/residency training.

~~(h) Verification of residence in the United States for one year, except for graduates of Canadian medical schools, if the applicant is an alien.~~

~~5. (i)~~—Graduates of foreign medical schools outside of Canada must provide proof of certification by the Educational Commission for Foreign Medical Graduates (ECFMG) unless they were licensed by another state before March 1, 1958. This requirement does not apply to foreign-trained students who furnish proof of the following:

~~(i)~~ successful completion of AMA approved Fifth Pathway program, and

~~(ii) (ii)~~ passing the ECFMG qualifying medical component examination with a score of 75 or above.

~~6. National Practitioner Database (NPDB) Self-Query report.~~

~~(f) Verification of residence in the United States for one year, except for graduates of Canadian medical schools, if the applicant is an alien.~~

- (2) The Board in its discretion may require an applicant for licensure to take and pass the Special Purposes Examination (SPEX) prepared by the Federation of State Medical Boards of the United States, or other Board-approved competency assessment. The circumstances under which the Board may require a competency examination include, but are not limited to applicants for licensure who have been the subject of disciplinary action in another state; or who would be subject to disciplinary action or corrective action in this state based upon their conduct or condition; or who have previously engaged in the practice of medicine and who have not practiced for a period greater than thirty (30) consecutive months.
- (3) Nothing in this rule shall be construed to prevent the Board from denying or conditionally granting an application for licensure.