

FORM C
LICENSE VERIFICATION

To be completed by the applicant. Original verification history of all licenses you have held or currently hold is required – even if you have not worked in that state for 20 years or you got a license and never practiced in that state. List the State/Country, dates of licensure, licensed by examination, reciprocity, state board examination. This form should be sent to each state in which you are now or ever have been licensed to practice. **This form may be photocopied.**

TO: _____ Board

FULL NAME	STREET ADDRESS	APT. NO.
SIGNATURE	CITY	STATE
	ZIP	

The individual listed above has applied for licensure in Georgia. Before further consideration is given to this application, we need the information requested on this form. By signing this form, I give my consent to the release of any information, favorable or otherwise, for its review in considering me for licensure. Please mail the completed form as soon as possible to the Board at the address listed below.

**Section II: This Section to be completed by an official of the above referenced Licensing Board.
Do not return this form to the applicant, but mail it directly to:**

**Georgia Composite Medical Board
ATTN: ORTHOTIST & PROSTHETIST LICENSURE UNIT
2 Peachtree Street, NW - 36th Floor
Atlanta, Georgia 30303**

Title of License: _____	License number: _____
Original issue date: _____	Expiration date: _____
License status: ☐ Active ☐ Inactive ☐ Temporary ☐ Other	
Licensure Method: ☐ Grandfathering ☐ Endorsement ☐ Examination	

1. Has any disciplinary action ever been taken against this license? ☐ YES ☐ NO
If YES, provide the board with any documentation regarding the disciplinary action.

2. Do you have derogatory information concerning this applicant? ☐ YES ☐ NO

Print Name

Date

Signature

Office Number

Title

Fax Number

State Board

BOARD SEAL MUST BE IMPRINTED HERE