

Requirements for PA/AA Licensure

Application Deadline: Complete your application with all necessary documents and clarifications 5 business days before the board meeting. Late applications will be reviewed at the next meeting.

Application Process:

- Only online applications are accepted, either through the EGov Portal or via email to: gcomb.paandaa@dch.ga.gov
- Processing time is approximately 6-8 weeks.
- A confirmation email will be sent upon receipt of application.

Initial Application Checklist:

1. **New Graduates:**
 - Follow the General Instructions and Checklist Documents.
 - For PA: Use Reference Form D and Basic Job Description (Form F).
 - For AA: Use Reference Form C and Basic Job Description (Form E).
2. **Prior Out-of-State License Holders:**
 - Follow the General Instructions and Checklist Documents.
 - Include specialty-specific forms (PA: Reference Form D, AA: Reference Form C).

Reinstatement Application Checklist:

- Use the same specialty-specific forms as above.
- Provide a current CME Transcript Summary showing 40 credit hours and current topics.
- If you worked after your license expired, include a written explanation.

Application Fee Submission:

- Initial Application: \$300.00
- Reinstatement: \$400.00
- Inactive License: \$200.00
- Payment must be processed online. Keep a copy of the payment receipt.
- See Fee Schedule on website if you have further questions.

PA Name/Address

- All completed documents must use your legal full name (no nicknames).
- If you recently changed your name, provide a copy of your Marriage Certificate and/or current Driver's License.
- If your mailing address is out of state, include a written explanation of your intentions to move to Georgia, along with applicable estimated dates (e.g., MM/YYYY or MM/DD/YYYY).

Application Questionnaire (Answer “YES” if applicable)

1. **DEA UES:**
 - Indicate “Y” on the online application and provide your DEA number.
2. **MILITARY:**
 - If applicable, provide a copy of your DD214 (showing honorable discharge).
 - Also, provide a copy of your Military Photo ID (showing active-duty status).
3. **LEGAL YES:**
 - If you have any legal incidents or complaints, provide a written explanation.
 - Include copies of legal/court documents or correspondence showing the current disposition.

Additional PA/AA Licensure Requirements

Utilization Form:

- Indicate whether you’re applying with or without a supervising physician. Upload this statement as a PDF.
- If applying with a supervising physician during Initial/Reinstatement application:
 - Provide all Supervising Physician Information on this form, including the GA Physician’s License ID#.
 - Complete all information (leave Middle name blank if not applicable).
 - Ensure compliance with the supervising physician limitation rule (4 PAs / 8 AAs).
 - Upload the form as a PDF to your account, named “UTILIZATION FORM.”

Primary Practice Setting:

- If Hospital, Emergency Room, Urgent Care, or Correctional Facility, indicate at least one alternate on the Basic Job Description Form E/F.
- If using Telemedicine/Telehealth, provide out-of-state and/or GA registered address. The specialty section must be Telemedicine.

Note: If applying without a noted physician, confirm understanding of the GA work/practice rule.

AFFIDAVIT OF APPLICATION FORM A (WITH PHOTO)

- Must be signed and dated by the applicant.
- Provide a 2x2 size photo in the designated box.
- Notarize the form with a seal, signature, and date.
- Indicate all geographical information (city, county, state, etc.).
- Upload the form as a PDF to your account, naming it “FORM A.”
- Dates must be current and correspond with the application date.

AFFIDAVIT OF APPLICATION FORM A2

- **Must be signed and dated by the applicant.**
- The form **must indicate the proof type** (e.g., passport, driver’s license, etc.).
- **Attach a copy of the proof** (front and back).
- The form **must be notarized** with a seal, signature, and date.
- You can upload the form as a PDF to your account, naming it “FORM A2.”
- Ensure that the dates are current and correspond with the application date.
- The **verifiable document** must be on the list of approved documents.
- A statewide SAVE verification will be processed for any non-U.S. citizen (please provide a copy of VISA/Immigration I.D. front and back).

VERIFIABLE DOCUMENT (COPY)

- Must be a copy (front and back).
- **Do not mail the original.**
- Please provide a copy of identification, such as a valid driver's license or U.S. passport.
- You can upload this document as a PDF to your account, naming it "ID PHOTO."

SCHOOL VERIFICATION (FORM K)

- **Request this form** to be completed and submitted by an official from your physician assistant graduating program.
- **Transcripts do not replace this form.**
- The form can be notarized with a notary seal and/or the Official School Embossed Seal, with original signatures and dates.
- **It must come directly from the school.**
- The form needs to show:
 - Applicant's name
 - Type of degree
 - Date of degree conferral
- It can be emailed via PDF attachment from the school **only**.
- The email must come from a school/program email address (e.g., if Emory SOM is sending it, the email must be a verifiable account, such as jsmith@emory.edu).
- The form **must include a copy of the school embossed seal.**
- **Note:**
 - All dates listed **must correspond with the Education History Section of the Application.**
 - The graduation date cannot be after the school official's signature/date indicated.

Reference Form C/D (Submission Requirements)

- **Submission:** You must submit **two (2)** reference forms.
- **Reference Type:** The references must be MDs or DOs.
- **Board Certification:** The referring physicians must be board certified.
- **Supervising Physician:** The reference name cannot be the same as the noted supervising physician on the Utilization Form.
- **Timeframe Limitation:**
 - References should cover a timeframe within the last 7 years.
 - Indicate the dates as MM/DD/YYYY to MM/DD/YYYY.
- **For New Graduates:**
 - Specify a known limitation timeframe (minimum 4 weeks).
 - Indicate the dates as MM/DD/YYYY to MM/DD/YYYY.
 - If less than four weeks, obtain 1-2 additional references with at least 1-week each.
- **Form Source:**
 - The form **cannot come from the applicant or credentialer.**
 - **It must come directly from the physician providing the reference.**
 - Submission options: email or mail to the Board.
 - **Email Address:** Must be a business email address (e.g., john.smith@piedmont.org).
 - **Note:** Personal email addresses are not acceptable.
- **Purpose of Form:**
 - The form is to be completed by two references (MD or DO ONLY) with whom you have worked or completed clinical rotations as a physician assistant/student within the past 7 years.
 - Specialty is not restricted; it can be any specialty.

- **Additional Information:**
 - Refer to the GCMB website section on PA/AA Rules and Regulations for further details on submitting references.

Certification Report: NCCPA or NCCAA

- **Contact the agency** (NCCPA or NCCAA) and request an official letterhead verification to be sent directly to our office.
- The verification must be a **direct copy** from NCCPA or NCCAA, showing the agency's **LOGO** (certificates are not acceptable).
- You can email the verification to the Board as a PDF attachment.
- The email must come from an NCCPA/NCCAA email address (e.g., if NCCPA is sending it, the email must be a verifiable account, such as jsmith@nccpa.net).
- Ensure that the document information is **current** and not expired.
- For pending scheduled exams, provide a copy of the **eligibility verification letterhead**.
- Also, include the exam informational email showing the **exam date and location instructions**.
- You can upload these documents to your account under "NCCPA" or "NCCAA."

CV/Resume

- Please submit a **current and updated resume/CV** with all required sections/topics listed.
- Upload the document as a PDF to your account, naming it "CV/RESUME."
- In the **work experience section**, ensure that all information indicates the **city and state for each job title**.
- List the **most current job title first** in descending order within the work experience section.
- The CV/Resume can come from either the applicant or the credentialer.
- If the applicant has not practiced in more than 30 months, provide a **written explanation**.
- Similarly, if there is a **lack of clinical practice history** or any major gaps, include a written explanation.

NPDB Self Query (If Licensed Before)

- If you maintained a previous official out-of-state license before submitting the GA Application, complete the NPDB self-query with all pertinent prior license history information.
- **Important Note:** This information **must correspond** with the details indicated in the Application License History section.
- Request a copy of the report if you have ever been licensed before as a PA/AA ONLY (no other specialty needs to be listed).
- You can upload the report to your account as a PDF, naming the document "NPDB."
- The report can come from either the applicant or the credentialer.
- If the report notes "YES" in the reports section, please provide any supporting legal/court documents or correspondence.

Basic Job Description Form E/F

- If you are applying "**without**" a noted physician, please confirm in writing that you have read and understand the GA work/practice rule.
- If you have confirmed in writing that you will apply "**with**" a noted physician, complete the appropriate checklist document:
 - **Basic Job Description E:** Use this form for Anesthesiologists only.
 - **Basic Job Description F:** Use this form for Physician Assistants only.
- **Signatures:**
 - All signatures can be DocuSign and/or electronic signatures.

- The form **must be signed and dated by the PA/AA** (Indicate “pending” for the PA/AA license ID# blank line).
 - The form **must also be signed and dated by the supervising physician** (with a GA ID#).
- **Alternates:**
 - You can list alternates on the form.
 - All alternate signatures must include full name, signature, and date (no blank lines).
 - Use as many pages of the Basic Job Description E/F as needed for listing alternates.
- **AC1 Form:** Do not complete the AC1 form; it will not be accepted.
- **Supervising Physician Name:**
 - The supervising physician’s name **must match** the name on the Utilization Form.
- **Upload Instructions:**
 - You can upload the form to your account as a PDF, naming it “FORM E” or “FORM F.”
- **Alternates Requirement:**
 - Indicate at least one (1) alternate for the type of primary practice setting (e.g., hospital, emergency room, correctional facility ONLY).
- **Note:**
 - This form cannot be completed by the same proposed primary or alternate supervising physician who is submitting a reference form with your application.
 - Confirm with the noted physician to verify that the potential supervising physician does not already have four (4) PAs and/or eight (8) AAs posted to the system.

Alternate Signature(s) Listing Requirements:

- Pages 2 and 3 need to be filled out and submitted correctly, but original signatures aren’t required.
- Indicate the signature date for all Alternates. If there are multiple listings, mark a date on the first line and draw a line down the column to show repeated dates.
- Dates can match the supervising physician or PA/AA’s signature date.
- Ensure the form isn’t from a previous year or request.
- Dates should be no older than six months and within the current year.
- The dates for Alternates can match the supervising physician and PA/AA’s signature dates.
- List only current Alternates at the time of request. If they’re no longer Alternates, remove them from the list. White-out any removed Alternates neatly.
- Each Alternate must have a signature, date, and ID#. No lines should be left blank.

If Physician Supervises 4/8 or Fewer PAs:

- Provide written confirmation that the physician doesn’t already have the limit in the system (Exception for Free Clinics - provide a copy of the 501(3)(C) document).
- If the physician already has the limit, submit a completed FORM H Separation Notification at the time of application to indicate a removal needs to be processed. This form must be completed and signed by the noted physician or the existing PA/AA only.

Discipline Check for PA/AA and Physicians: The GCMB will download the enforcement/complaint sheet from the database for both PA/AA and Physicians.

PA/AA Licensure Requirements - Additional Application Processing Tips:

- **Online Applications:** Submit PA/AA Initial and Reinstatement Applications online. Communication is only with the applicant or a registered POA.
- **Mail Delivery:** Estimated at 3-5 days, or 2 weeks during holidays or shutdowns.

- **Upload Information:** Upload signed and dated checklist documents as PDFs. Notify me via email when you upload documents.
- **Email Communications:** Emails are time-sensitive and the main channel for updates. Ensure your email address is correct. Respond to all line-items in the email.
- **Outsource Agency Requirements:** Ensure documents sent to primary sources are current. Request copies of completed documents.
- **Additional Required Documentation:** For “YES” answers on the Application Questionnaire, provide updated disposition status and a written statement. If applicable, email the Military Form DD-214 to the Board.
- **Course Approval:** Verify course approval with the program source before taking the course. Maintain records of attendance and supporting documents for continuing education for 5 years.
- **Complete File Status:** You’ll receive a “COMPLETE STATUS” email after all required documents are reviewed.
- **GCMB Approval Notices:** Don’t accept an offer of employment in Georgia until you’ve received written approval for a medical license or certificate.
- **PA/AA References:** Read and understand the PA/AA Rules and Regulations and the PA/AA FAQs on the GCMB Website before completing the application process.