



PHYSICIAN ASSISTANT - APPLICANT QUESTIONNAIRE

	IF YOU ANSWER “YES” TO ANY OF THE FOLLOWING QUESTIONS, YOU ARE REQUIRED TO ATTACH COMPLETE DETAILS, INCLUDING DATE, PLACE, REASON, AND DISPOSITION OF THE MATTER (INCLUDE COPIES OF COURT ORDERS OR MALPRACTICE SUITS IF APPLICABLE) AND MAIL THIS FORM WITH APPROPRIATE DOCUMENTS DIRECTLY TO THE GEORGIA MEDICAL BOARD.	YES	NO
1.	Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical and professional manner? NOTE: If you are currently enrolled in GAPHP, you may answer NO.	—	—
2.	Have you entered a plea bargain, been arrested, indicted or convicted for violating any state or federal law including DUI (excluding minor traffic violations)? As used in this question, the term "conviction" shall include a finding or verdict of guilt, or a plea of guilty, or a plea of nolo contendere in a criminal proceeding, regardless of whether the adjudication of guilt or sentence is withheld or not entered.	—	—
3.	Have you ever been denied the privilege of taking an examination by any State licensing board or been denied a certificate/licensure, or refused renewal of a certificate or license by any licensing board or agency?	—	—
4.	Has any licensing Board or agency ever taken a public or private disciplinary action against you?	—	—
5.	Have you ever had any malpractice suits filed against you?	—	—
6.	Have you ever had your hospital privileges limited, denied or revoked?	—	—
7.	Have you ever resigned from a hospital after a complaint has been initiated against you, or for any other reason?	—	—
8.	Have you ever had any restrictions as a Medicaid or Medicare provider?	—	—
9.	Have you ever voluntarily surrendered your PA certificate/license?	—	—
10.	Have you ever been, or are you currently, the subject of an investigation by any licensing Board or agency?	—	—
11.	Is this application for an additional primary supervising physician?	—	—
12.	Are you resigning for your current supervising physician/position? If yes, complete Form H - Resignation Notification Form and submit with your completed application.	—	—
13.	Are you requesting additional duties? If yes, download Form B – Additional Duties Request Form from our website. Submit this form with your completed application.	—	—
14.	Are you a Georgia state employee? If yes, you are fee exempt . If yes, enter the Facility Name: _____	—	—
15.	Are you a Georgia county employee? If yes, you are fee exempt . If yes, enter the Facility Name: _____	—	—



Utilization of Physician Assistant or Anesthesiologist Assistant

Provide information for the Physician(MD/DO) requesting utilization of PA/AA.

PA/AA Name: _____

Physician GA License Number: _____

Physician First Name: _____

Physician Middle Name: _____

Physician Last Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Business Phone: _____

Specialty: _____

***If specialty is Pain Management, please refer to pain management rules and regulations for additional requirements REQUIRED to practice.

Type of Primary Practice Setting (clinic, hospital, ER/Urgent care, Telemedicine, etc):

Telemedicine Practice: Yes_____ No_____ If you checked "yes":

Please provide the physical address in which the PA will be using to provide Telemedicine services.
