

PRIOR PA/AA LICENSEE (ANY STATE) LICENSURE APPLICATION CHECKLIST

FOR ALL OF THESE FORMS, EITHER UPLOAD TO EGOV OR EMAIL TOGETHER AT: gcmb.paandaa@dch.ga.gov. PLEASE DO NOT PHYSICALLY MAIL DOCUMENTS.

For Licensure Only:

1. Initial Physician Assistant Application

For Licensure and Approval of Primary Supervising Physician:

1. Initial Physician Assistant Application
2. Utilization of a Physician Assistant
3. Basic Job Description:
 - Form E (Physician Anesthesiologist Assistant)
 - OR Form F (Physician Assistant – Primary Care)

All Applicants Must Also Submit:

- Form A (Affidavit of Applicant with Photo)
- Form A2 (Affidavit of Citizenship)
- Verifiable Document (Copy of ID)
- Form C (AA) OR Form D (PA) – Reference Form
- Request for Verification of Certification (PA)
- Form I (Verification of State Licensure)
- Form K (Certificate of Education for Physician Assistants)
- Resume (Current CV)
- NPDB/HIPDB Report

Circumstantial Forms (You May or May Not Need These):

- Form B (Request for Additional Duties)
- Form J (Specific Power of Attorney)
- Form H (Separation Notification)

FOR ADDITIONAL INFORMATION PLEASE SCROLL DOWN

- **Form A (Affidavit of Application with Photo) Requirements:**
 - Must be signed and dated by the applicant. Notarize the form with a seal, signature, and date.
 - Upload the form as a PDF to your account, naming it "FORM A."
 - The applicant and notary signature dates must match.
 - Attach a current photograph that is 2"x2", head and shoulders only, and not more than six months old to the Affidavit.
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- **FORM A2 (AFFIDAVIT OF APPLICATION):**
 - Sign, date, and indicate the type of proof (e.g., passport, driver's license). Attach a copy (front and back).
 - Notarize with a seal, signature, and date.
 - Upload as a PDF named "FORM A2" to your account.
 - Ensure dates are current and match the application date.
 - Use a verifiable document from the approved list.
 - Non-U.S. citizens must provide a copy of their VISA/Immigration I.D. (front and back) for statewide SAVE verification.
- **Verifiable Document (Copy):**
 - Provide a copy (front and back) of identification, such as a valid driver's license or U.S. passport. Do not mail the original.
 - Upload as a PDF named "ID PHOTO" to your account.

Ensure all submitted document copies are legible to avoid delays in processing your application.

- **Form C (AA)/ Form D (PA)**
 - Submit two reference forms directly from board-certified MDs or DOs, covering the last 7 years.
 - References must come from the physician, not the applicant or credentialer, and cannot match the supervising physician on the Utilization Form.
 - Use a business email (e.g., john.smith@piedmont.org) or mail to the Board.
 - Dates should be in MM/DD/YYYY format.
 - For new graduates: specify a known limitation timeframe (minimum 4 weeks). If less than four weeks, provide 1-2 additional references with at least 1-week each.
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- **FORM E (AA)/ Form F (PA)**
 - 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.
 - 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.
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- **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."
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- **Form I - Verification of Licensure Form**

- **Applicant Must Submit:**
 - Completed top section of Form I
 - Mail Form I to all state boards where you are/have been licensed as a Physician Assistant

State Board Must Provide:

1. License Number and Date Issued
2. Signature and Full Name of License Holder
3. Address, City, State, Zip Code
4. Physician Assistant License/Certificate Number

5. Name of License Holder and Date Issued
6. Disciplinary Action Details (if applicable)
7. Signed and Dated by State Board Representative
8. State Board Name and Seal

- **Form K (School Verification)**

- Must be completed and submitted by an official from your physician assistant graduating program, directly from the school.
- Do not replace this form.
- Can be notarized with a notary seal and/or the Official School Embossed Seal, with original signatures and dates.
- **Information required: applicant's name, type of degree, date of degree conferral.**
- Can be emailed as a PDF attachment from a school/program email address (e.g., jsmith@emory.edu) and must include a copy of the school embossed seal.
- All dates must match the Education History Section of the Application, and the graduation date cannot be after the school official's signature/date.

- **CV/Resume:**

- Submit a current resume/CV.
- Upload as a PDF, naming it "CV/RESUME" when importing into EGov and assigning the document name.
- Include city and state for each job title in the work experience section.
- List the most recent job title first.
- The CV/Resume can come from the applicant or credentialer.
- Provide a written explanation if not practiced in over 30 months or if there are major gaps in clinical practice history.
- Please include clinical rotation (city, state, and dates)

- **NPDB Self Query (If Licensed Before)**

- **Applicant Must Submit:**
 - Complete NPDB self-query with prior license history information.
 - Request a copy of the NPDB report if previously licensed as a PA/AA.
 - Upload the report as a PDF named "NPDB."
 - Provide supporting legal/court documents if the report notes "YES" in the reports section.
- **Instructions:**
 - Query the NPDB using www.npdb-hipdb.com or call 1-800-767-6732.

Exemptions:

- Not required if you have only held a temporary, limited, or training license.
- Not required if you are a Canadian licensed physician.

- **PA/AA 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."
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CIRCUMSTANTIAL FORMS

- **Form B**

- Full name and license number
- Specific duty requested (one per form)
- Number of times performed under supervision
- Duration performed (days, weeks, months)
- Prior board approval for this duty (Yes/No)
- Number of times performed under prior supervising physician (if applicable)
- Verification from prior supervising physician (Yes/No)
- ACLS certification (Yes/No, submit copy if applicable)
- Certification of competency (observation, coursework, CME, training, case log)
- Statement of ability to manage complications
- Sedation setting (if applicable): Hospital, Surgery Center, Medical Office, Medi Spa
- Sponsoring physician's info: name, license number, signature, date, address, certifications
- Physician Assistant's name and signature

- **Form J – Specific Power of Attorney Requirements:**

- Authorizes your designee to make inquiries to the Board regarding your application.
- Must be submitted with the Initial Application.
- Include the applicant's full name.
- List names and contact information for all designated agents.
- Applicant's signature and date required.
- Notarize the form with a seal, signature, and date.
- The form expires upon license grant, application denial, or written revocation.

- **Form H Separation Notification Form for Physician Assistants**

- **Physician Assistant Statement:**

- Notice to the Georgia Composite Medical Board that Doctor [Physician's Full Name] is no longer a primary supervising physician.
- Effective date: [Month/Day/Year]
- Physician's license number
- Physician Assistant's name and license number
- Physician Assistant's signature and date signed

- **Physician's Statement:**

- Notice to the Georgia Composite Medical Board that [Physician Assistant's Full Name] is no longer under supervision.

- Effective date: [Month/Day/Year]
- Physician's signature and date signed