

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

Upload each PDF to your eGov application. If a third-party must send it, direct them to the GCMB NextRequest Portal — <https://gcmb.nextrequest.com/>. No physical mail.

For Licensure Only without a supervising physician:

1. Initial Application

For Licensure and Approval with a Primary Supervising Physician:

1. Initial Application
2. Utilization of a Physician Assistant/Anesthesiologist Assistant
3. Basic Job Description:
 - Physician Assistant (Form F) or Anesthesiologist Assistant (Form E)

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 (NCCPA, NCCAA)
- Form I (Verification of State Licensure)
- Form K (Certificate of Education)
- 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)

FOR ADDITIONAL INFORMATION PLEASE SCROLL DOWN

- **Form A (Affidavit of Applicant 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.

- **Form A2 (Affidavit of Citizenship):**

- 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, who have directly observed AA/PA practice within the last 3 years.
- **References must come from the physician**, not the applicant or credentialer, and **cannot match the supervising physician on the Utilization Form.**
- The Physician should use a business email (e.g., john.smith@piedmont.org) when emailing or mail the form to the Board.
- Dates should be in MM/DD/YYYY format.
- For new graduates: specify a known timeframe (minimum 4 weeks) in MM/DD/YYYY format. If less than four weeks, provide 1-2 additional references with at least 1-week each.

- **FORM E (AA)/ Form F (PA)**

- If you are applying **"without"** a supervising physician, please confirm in writing that you have read and understand the GA work/practice rule.
- If you are applying **"with"** a supervising physician, complete the appropriate checklist document:

- **Basic Job Description E:** Use this form for Anesthesiologist Assistants
- **Basic Job Description F:** Use this form for Physician Assistants

- 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 has been Retired: Do not complete the AC1 form; it will not be accepted.**
 - **How do I add Alternate Physicians after I am licensed?**
 - Go to the GCMB website, look up your current license, and print your approved Basic Job Description with the Supervising Physician in which you need to add alternates to.
 - Add alternates by completing a **new** page #3 of Form E or Form F (Basic Job Description)
 - Email your approved Basic Job Description and New page #3 of Form E or Form F with the addition of new alternates. Title the email subject “Repost Basic Job Description to Add Alternates.”
- **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.”

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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 to medbd@dch.ga.gov
 - 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.”

- **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 PA or AA 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.**
- 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.
 - Do not open the response envelope; send it unopened to the Board with your application packet.

- **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).
 - Upload the form as a PDF to your account, named "UTILIZATION FORM."

CIRCUMSTANTIAL FORMS

- **Form B (Request for Additional Duties)**

- Additional duties are medical tasks, which are not customarily learned during PA training, and are to be performed outside of the physical presence of a supervising physician. Each additional duty to be performed above and beyond the duties described in the Basic Job Description must have PRIOR APPROVAL by the GCMB.
 - Complete ONE FORM for each additional duty requested.
 - Provide current ACLS and BLS certifications.
 - Provide a **case log that includes at least 10 cases**. Case log should include: Date of service, Procedure name, Patient ID # or Initials, Supervising Preceptor signature, Outcome (favorable/unfavorable), Complications (i.e. if unfavorable, what happened?)
 - For moderate sedation request, include sedation setting (i.e. Hospital, Surgery Center, Medical Office, Medi Spa)

- **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