GEORGIA COMPOSITE MEDICAL BOARD

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REINSTATEMENT APPLICATION FOR PHYSICIAN LICENSURE
GENERAL INFORMATION

NOTE: WE WILL DISCUSS APPLICATION STATUS WITH THE APPLICANT ONLY, UNLESS A SPECIFIC POWER OF ATTORNEY AFFIDAVIT IS ON FILE WITH THE BOARD. Applications are confidential pursuant to State law. Therefore, application status updates must be obtained from the applicant. Please inform all hospitals, employers, recruiters, referral companies, family members, or insurance companies that application status updates must be obtained from you. A Specific Power of Attorney Form is included with the application packet for your use, if you want an agency or other individuals who you designate to handle the application process. The Specific Power of Attorney form must be **signed and notarized** in order to be accepted by the Medical Board.

FALSIFICATION/MISREPRESENTATION
Please be aware that falsification or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying or revoking a license.

BRIEF OVERVIEW
Please read all application materials and instructions carefully. It takes approximately four (4) to six (6) weeks to obtain a reinstatement license in Georgia. Please visit the Frequently Asked Questions (FAQ's) on our website for additional information regarding the processing of your application. In order for an application to go before the Medical Board for approval, it must be received as completed **five (5) business days** before the next monthly board meeting date. An application is complete when all primary source documentation has been received and reviewed, your application has met all administrative screenings, and a final quality assurance review has been completed on your application.

Applications are reviewed in date order of receipt. Submit all required documentation as soon as possible; however, without the application and fee, staff cannot begin the initial review of your application. It is recommended that applicants wait 15 business days, or until receipt of a deficiency letter, to contact the staff by phone regarding the status of their application. It is imperative for applicants to understand that the review process is guided by the requirements set forth in State law, which does not provide for any waivers to be granted by staff. **Physician Licensure Reinstatement applications are valid for one-year from date of receipt.**

EMPLOYMENT IN GEORGIA. It is strongly recommended that you DO NOT accept employment to practice medicine in Georgia until your Georgia license number has been REINSTATED.

INTERNET DISCLOSURE OF PHYSICIAN'S ADDRESS
Georgia law requires the Georgia Composite State Board of Medical Examiners to provide, upon written or verbal request, an address for each licensed physician. Public-record information pertaining to licensed physicians is available to the public through the Board's website (www.medicalboard.georgia.gov).

The release of this information has highlighted the need for physicians to carefully consider the address they provide to the Board. Please be aware that the address you indicate as your address of record will be the address disclosed to all individuals making inquiries and will be utilized to mail all licenses, renewal notices, and other official correspondence from the Board. The Practice Location will be posted on the Internet.

You may choose your home address or your office address to be your address of record. If you list a P.O. Box as your primary address, you must also provide a secondary street address that will remain confidential. Georgia law requires that the Board be kept informed of any changes of address. Changes should be submitted in writing to the above address, and should include the license number, name, old address and new address.

REINSTATEMENT APPLICATION FOR PHYSICIAN LICENSURE
CHECKLIST

The CHECKLIST is intended to assist you with the filing of a complete application. Read all instructions on each page carefully and utilize the checklist as you are filling out the Reinstatement Application. All items listed that apply to your situation must be submitted in order for your qualifications for licensure to be assessed. When submitting copies of documents, please ensure they **are 8-1/2 x11-inch copies** of the original. *Do not submit two-sided copies of the application or documentation*. **For quality and confidential purposes, facsimiles of application materials are not accepted. All application material must be original, unaltered, and official where required.**

- ❑ **Fee** - $500 –Lapsed/Revoked: No fee – No application. Remit check, or pay online, to Georgia Composite Medical Board.
  NOTE: ALL FEES ARE NON-REFUNDABLE.
- ❑ **Fee** - $300 –Inactive: No fee – No application. Remit check, or pay online, to Georgia Composite Medical Board.
- ❑ **Primary Source** documents are required to be sent direct to the Board from the source, or if submitted by you, in the sealed envelope with the preparer's signature over the seal:
  - Form B Reference Form – direct from reference sources
  - Form C State Verification – direct from State licensing agency or send via email from VeriDoc to Board.
- ❑ **Paper Application**
- ❑ No Fee = No Application. No further action will be taken until the fee is received.
  - Pages 1-4
  - CV/Résumé
  - Form B1 Reference Form
  - Form C1 State Verification (or VeriDoc)
  - Form D Affidavit of Applicant
  - Form E1 Malpractice Questionnaire (required for all applicants)
- ❑ **Web/online Application**
- ❑ No Fee = No Application. No further action will be taken until the fee is received.
  - CV/Résumé
  - Form B1 Reference Form
  - Form C1 State Verification (or VeriDoc)
  - Form D Affidavit of Applicant
  - Form E1 Malpractice Questionnaire (required for all applicants)
- ❑ **CME** - Copies of certificates of completion for **80 hours** of CME during the last four years. The CME certificates are required to include the course title, hours awarded, and designation of AMA CAT 1, AOA CAT 1, AAFP Prescribed Credit, ACOG Cognates, CAT 1, and ACEP CAT Category 1.
- ❑ **National Practitioner Data Bank Report and Health Integrity and Protection Data Bank Report** self-query required for physicians holding active, inactive, or lapsed license in any US State or territory, and Canadian Province or Territory.
  - Self-query the National Practitioner Data Bank www.npdb-hipdb.com
    - Email: Send via email to the application specialist the NPDB notification that your query is ready for review and then email the reports
    - Mail: send sealed envelope to Board.
- ❑ **Non-US Citizen – Refer to the General Information for required documentation.**
- ❑ **Applicant Questionnaire** – answer all questions, providing documentation for any answer of "Yes" to questions 1-19.
- ❑ **License History** is required on ALL licenses held in the US or Canadian territory, Canadian Province or US Federal jurisdiction which were issued by the licensing agency, including temporary, provisional, training, limited, educational.
- ❑ **Hospital Privileges** – either N/A or provide all hospitals were privileges have been held.
- ❑ **Malpractice** Documentation: Form E Malpractice Questionnaire, personal narrative of your involvement, and copy of Plaintiff's Complaint and either the Settlement Agreement, Dismissal Order, Voluntary Non-suit, etc.
- ❑ **Arrest/conviction:** Please provide a personal narrative of the circumstances surrounding the incident and include a copy of the charges, plea or jury verdict, and final disposition, sentence, probation, and payment of fines
- ❑ **Military Discharge Paperwork** - Please provide a copy of the Report of Separation from Active Duty from the area of service, i.e., Army DD-214. Send a copy of your documentation, or contact the National Personnel Records Center at http://vetrecs.archives.gov or 314-801-0800.
- ❑ **"Yes" to question #1** – Refer to "Board Requirements"
- ❑ **Contact Information**: If your last name begins with:
  - **A-G 404-463-6162** **H-O 404-657-6491** **P-Z 404-656-7067**

❑ **FOR APPLICANTS WHO ARE NOT U.S. CITIZENS:**

If you are not a U.S. citizen, you must submit documentation that will determine if you have a qualified alien status. **Only those applicants who can provide proof will be granted a license.** The Board participates in the **DHS-USCIS SAVE** (Systematic Alien Verification for Entitlements or "SAVE") program for the purpose of verifying citizenship and immigration status information of non-citizens.

In order to confirm your status with the SAVE program, you need to provide the board with **legible** copies of **one** of the following document(s):

1. Valid (not expired) foreign passport with I-94 or I-551
2. Temporary resident alien card (I-688)
3. Permanent resident alien card (I-551)
4. Employment Authorization Card (I-766) or (I-688A)
5. Employment Authorization Document (I-688B)
6. Refugee Travel Document (I-571)
7. Reentry Permit (I-327)
8. Certificate of Citizenship
9. Naturalization Certificate
10. Machine Readable Immigrant Visa (with Temporary I-551 Language)
11. Temporary I-551 Stamp (on passport of I-94)
12. I-94 (Arrival/Departure Record)
13. I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
14. DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

Please be sure that copies of any submitted documents are legible. Use a good quality copier and increase the size of the copy if need be. If the following information is needed, it must be legible: Alien Number; Card Number; Document Expiration Date; SEVIS ID Number. One or all of these numbers or dates may be required when we submit your information to SAVE. If we cannot read what you have submitted, we will be unable to submit your information to the SAVE program, which will delay the consideration of your application.

"Yes" response to question #1 on the Applicant Questionnaire - Provide the following information as it pertains to your situation:

1. Personal explanation

2. Have you kept your sobriety for five years or more?

3. Copies of:
   - 3.1. Discharge Summary from the treatment facility or program
     - 3.1.1. If not discharged, then provide confirmation that it cannot be obtained from the treating physician and a copy of a recent, in-depth evaluation.
   - 3.2. Aftercare Contract
   - 3.3. Consent Order
   - 3.4. Letter of advocacy from the treating professional.

4. Letters of advocacy from your monitoring and supervising physicians.

5. If you have not been hospitalized, have no aftercare contract and only treatment with a private physician, or a therapist, or a religious organization, then *provide a certified copy of your medical or other records from the facility/agency.*

6. Synopsis from treating physician(s) to include: Treatment Regimen, Medication Regimen, Diagnosis, and Prognosis