



# GEORGIA COMPOSITE MEDICAL BOARD

LICENSE | REGULATE | EDUCATE

## Georgia Resident Training Permit Tutorial 2026



# GEORGIA COMPOSITE MEDICAL BOARD

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## Website updates for 2026

Go to our website and click on the “licensing” dropdown.

Then click on the Resident Training Physician tab.

The next page will have instructions, guides and documents needed to be uploaded to the applicant portal.

The screenshot shows the website's navigation bar with the following items: About the Board, Consumers, Medical Professionals, Licensing, Online Services, Rules, Laws, & Resources, and Co. The 'Licensing' dropdown menu is expanded, displaying a list of options. The 'Resident Training Physician' option is circled in red. The options in the dropdown menu are:

- Apply or Renew Online
- APRN Protocol Registration
- Acupuncturist
- Clinical Perfusionist
- Cosmetic Laser Practitioner
- Genetic Counselor
- Pain Management Clinic Registration
- Physician
- Physician/Anesthesiologist Assistant (PAs and AAs)
- Resident Training Physician
- Respiratory Care Professional
- Vaccine Protocol Registration
- Fee Schedule
- Petition for Waiver or Variance of Rules
- Interstate Medical Licensure Compact License


<https://medicalboard.georgia.gov/licensure-information/resident-training-physician>



# GEORGIA COMPOSITE MEDICAL BOARD

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Applicants must register with our new licensing database



GEORGIA COMPOSITE  
MEDICAL BOARD

LICENSURE GATEWAY

If this is your first time visiting the Georgia Composite Medical Board Gateway, please click **Register** to get started!

## Welcome to the Licensure Gateway!

The Licensure Gateway is a single portal to manage licenses, permits and registrations associated with the Georgia Composite Medical Board. It grants access to printable documents, change of address, online applications and many more features. The Licensure Gateway is used to submit all license applications.

\*Username [Forgot username?](#)

\*Password [Forgot password?](#)

Login

Register




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If you have an expired or inactive Ga license number, make sure to say “yes” in the dropdown so you do not create a duplicate number. If you are a new applicant select “no” and answer all questions.

If you have an SSN or SIN make sure it is in the format XXX-XX-XXXX or it will give you an error.

Click Next and complete the rest of registration



GEORGIA COMPOSITE MEDICAL BOARD

LICENSURE GATEWAY

- User Information
- Contact Information
- Mailing Address
- Demographics
- Account Credentials
- Verification
- Confirmation

### Gateway Registration

#### User Information

Each licensee must register in the Licensure Gateway in order to submit and maintain licensure applications and information with the Georgia Composite Medical Board.

\* Do you have a license or APRN/Vaccine protocol (active or otherwise) with the Georgia Composite Medical Board?

No

\* Name:

Prefix First Middle Last Suffix

\* Date of Birth:

MM/DD/YYYY

\* Do you have a valid US Social Security Number or Canadian Social Insurance Number?

Yes

\* ID Number Type:

SSN

SIN (Canada)

XXX-XX-XXXX

Exit Next



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Once registered login with your username and password you created.

The next page will have a dropdown to apply for the permit.

If this is your first time visiting the Georgia Composite Medical Board Gateway, please click **Register** to get started!

## Welcome to the Licensure Gateway!

The Licensure Gateway is a single portal to manage licenses, permits and registrations associated with the Georgia Composite Medical Board. It grants access to printable documents, change of address, online applications and many more features. The Licensure Gateway is used to submit all license applications.

\* Username [Forgot username?](#)

\* Password [Forgot password?](#)

Login

Register



# GEORGIA COMPOSITE MEDICAL BOARD

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Click on the “Application” tab

Then click on the Residency Training Application

The screenshot shows the website's navigation bar with the Georgia Composite Medical Board logo and the text 'GEORGIA COMPOSITE MEDICAL BOARD'. To the right, there are navigation tabs: 'Home', 'Applications', 'My Profile', and 'Helpful Links'. Below the navigation bar, there is a dropdown menu for 'Applications' with the following items: Acupuncturist Application, APRN Protocol Application, Cosmetic Laser Practitioner Application, Genetic Counselor Application, Orthotics/Prosthetics Application, Pain Management Clinic Application, Perfusionist Application, Physician Application, Physician Assistant Application, Residency Training Application (highlighted with a red circle), Respiratory Care Professional Application, and Vaccine Protocol Application. On the left side of the page, there are two sections: 'Primary Practice' and 'DEA Information', both with edit icons. The 'Primary Practice' section shows fields for Address, Phone, Fax, and Email, all with the text 'No record on file'. The 'DEA Information' section is currently empty.



# GEORGIA COMPOSITE MEDICAL BOARD

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After clicking the Residency Training Application tab, you will be taken to the first page of the application.

Read all information and click the acknowledgement.

Application Start	➔
Address Information	
Previous Names	
Military Services	
Affidavit	
Health Notice	
Practice Information	
Medical Education	
Examinations	
Post Graduate Training	
Other State Licenses	
Specialties	
Hospital Privileges	
Activities	
DEA Information	
References	
Malpractice Information	
Background Check	
Verification	
Confirmation	

## Physician Application

### Application Start

#### Required Documents & Forms

1. Completed Application
2. Application Fee
  - Fees are non-refundable.
3. CV or Current Resume
  - Clearly detail education, training, and employment history.
4. Photograph of Applicant
5. Citizenship Affidavit - Required if not a US citizen, along with approved secure and verifiable identification documents (if providing foreign passport, provide two of the following):
  - U.S. Permanent Resident Card or Alien Registration Receipt Card.
  - Employment Authorization Document (with photo).
  - Foreign government passport (I-94 must also be provided).
  - FAST, NEXUS, or SENTRI card.
  - Canadian driver's license.
  - U.S. Certificate of Citizenship (Form N-560/N-561).
  - U.S. Certificate of Naturalization (Form N-550/N-570).
  - Certification of Report of Birth Abroad (Form DS-1350, FS-545, or FS-240).
6. Letter of Good Standing
  - Required if the Resident is entering the program as a PGY2 or higher.
7. Certificate of Postgraduate Training
  - This form must be completed and signed by the Program Director and signed.
8. Medical School Diploma
  - Must upload a copy of your US/Canadian Medical/Osteopathic school diploma.
  - If a copy of the diploma is not available, a letter on an official letterhead from the school with the expected date of graduation will be sufficient.
9. Foreign Medical School Graduates
  - Must upload a copy of ECFMG Certification or evidence of an alternative Board-recognized pathway.

All licensure, training, supervision, and practice requirements for Residency Training Permits are governed by **Chapter 360-2.09, .10, .11, and .12 of the Rules and Regulations of the State of Georgia**. Applicants and practitioners are responsible for reviewing and complying with the standards and obligations outlined in these rules to ensure adherence to state regulations when practicing as a Resident Physician.

**\*I have read and understand the statements above.**

I Acknowledge



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This is required:

Select “Yes” if you will be participating in a short-term elective or are a visiting resident/fellow.

If you do not know which one, please get with your institutions GME.

\* Will you be participating in a short-term elective rotation OR are you a visiting resident? If yes, please provide a letter of good standing from your current program director.

Yes  No

\* By checking the "I Acknowledge" box you hereby swear or affirm under the penalties of false swearing that you understand and have answered the questions truthfully to the best of your knowledge.

I Acknowledge

Previous

Save / Exit

Next



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Read all information and click the acknowledgement.

Select “Resident Training Permit” as the application type.

Put in start date.

Add NPI # and click next. *If you are a foreign graduate w/o an NPI leave it blank.*

Malpractice Information	9. Foreign Medical School Graduates <ul style="list-style-type: none"><li>Must upload a copy of ECFMG Certification or evidence of an alternative Board-recognized pathway.</li></ul> All licensure, training, supervision, and practice requirements for Residency Training Permits are governed by <b>Chapter 360-2.09, .10, .11, and .12</b> of the <b>Rules and Regulations of the State of Georgia</b> . Applicants and practitioners are responsible for reviewing and complying with the standards and obligations outlined in these rules to ensure adherence to state regulations when practicing as a Resident Physician.
Background Check	<b>* I have read and understand the statements above.</b> <input type="checkbox"/> I Acknowledge
Verification	<b>* Application Type:</b> Residency Training Permit
Confirmation	<b>Date that you anticipate to begin practicing in Georgia:</b> MM/DD/YYYY
	<b>* NPI:</b> <input type="text"/>
	<input type="button" value="Previous"/> <input type="button" value="Save / Exit"/> <input type="button" value="Next"/>




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Click on the green “+Add” button.

Provide a physical address. This address will not be public and should be your personal address.



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LICENSURE GATEWAY

Home Applications My Profile Helpful Links

Mr. Jason Jones | 0 Alerts | Contact Us | Logout

- Application Start ✓
- Address Information** ←
- Previous Names
- Military Services
- Affidavit
- Practice Information
- Medical Education
- Post Graduate Training
- Foreign Graduates
- Background Check
- Verification
- Confirmation

## Physician Residency Training Permit Initial Application

### Address Information

Please update your personal address information on this page. Your personal address is only for the Board's records. This address will not be made public. Please DO NOT use a P.O. Box as your personal address; you are required to provide a physical address.

#### Addresses

[+ Add](#)

**Primary** [Edit](#) [Remove](#)

2 MLK Jr Dr SE  
East Tower 11th Floor  
Atlanta, GA 30334  
Fulton

Previous Save / Exit **Next**



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GEORGIA COMPOSITE MEDICAL BOARD

LICENSURE GATEWAY

Home

Applications

My Profile

Helpful Links

Mr. Jason Jones

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Contact Us

Logout

Click on the green "+Add" button.

Enter any previous names held.

If none then leave it blank and click next.

Application Start	✓
Address Information	✓
Previous Names	⊕
Military Services	
Affidavit	
Practice Information	
Medical Education	
Post Graduate Training	
Foreign Graduates	
Background Check	
Verification	
Confirmation	

## Physician Residency Training Permit Initial Application

### Previous Names

If the name appearing on any required documentation differs in any way, please provide the name(s) below. You will be required to submit notarized copies of name change evidence documents. Please submit evidence of all name differences existing in any documents remitted with this application.

Previous Names

+ Add

No records have been added!

Previous

Save / Exit

Next




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Click on the green “+Add” button.

List any previous/current military service.

If none then leave blank and click next.



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Application Start ✓

Address Information ✓

Previous Names ✓

Military Services ↵

Affidavit

Practice Information

Medical Education

Post Graduate Training

Foreign Graduates

Background Check

Verification

Confirmation

## Physician Residency Training Permit Initial Application

### Military Services

Please list all current and past service in the US Military.

Military Services + Add

No records have been added!

Previous Save / Exit Next




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Fill out the “yes” or “No” answers.

If you click “yes” on any disciplinary actions or criminal actions you must upload additional information explaining the “yes” answer in your license portal.

**GEORGIA COMPOSITE MEDICAL BOARD**LICENSURE GATEWAY

[Home](#) | [Applications](#) | [My Profile](#) | [Helpful Links](#)

Mr. Jason Jones | 0 Alerts | [Contact Us](#) | [Logout](#)

- Application Start ✓
- Address Information ✓
- Previous Names ✓
- Military Services ✓
- Affidavit** ←
- Practice Information
- Medical Education
- Post Graduate Training
- Foreign Graduates
- Background Check
- Verification
- Confirmation

## Physician Residency Training Permit Initial Application

### Affidavit

Please answer the following questions. For any YES answers, you must provide an explanation in the Comments box immediately after the question. In addition, you may attach pertinent documentation related to the question using the Discipline Documents link on the Application Checklist page at the end of the application. Answering YES to one or more questions will not necessarily result in a denial of the license application.

\* Was your medical degree granted by a medical or osteopathic school in the U.S. or a medical school in Canada?

Yes  No

\* Are you currently suffering from any condition for which you are not being appropriately treated 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 Georgia PHP, you may answer NO.**

Yes  No

\* 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, or the affording of First Offender Treatment, regardless of whether the adjudication of guilt or sentence is withheld or not entered. If yes, 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.

Yes  No

\* Has any licensing Board or agency ever taken a public or private disciplinary action against you?




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Click on the green “+Add” button.

List any practice addresses.

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Mr. Jason Jones | [0 Alerts](#) | [Contact Us](#) | [Logout](#)

### Physician Residency Training Permit Initial Application

#### Practice Information

If you are currently practicing, a current practice address must be provided. You are required to provide the Board with a physical address. You may not use a P.O. Box as your practice address. The address displayed on this page is the address associated with your professional medical license.

#### Practices

[+ Add](#)

**GCMB** [Edit](#) [Remove](#)

**Practice Type:** Primary  
**Address:** 2 MLK Jr Dr SE  
East Tower 11th Floor  
Atlanta, GA 30334  
Fulton  
**Phone:** 404-709-1855  
**Email:** jsjones141@yahoo.com

[Previous](#) | [Save / Exit](#) | [Next](#)




# GEORGIA COMPOSITE MEDICAL BOARD

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Click on the green “+Add” button.

List any medical education you have received.

Please read the information prior to adding the education.



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Application Start ✓

Address Information ✓

Previous Names ✓

Military Services ✓

Affidavit ✓

Practice Information ✓

**Medical Education** +

Post Graduate Training

Foreign Graduates

Background Check

Verification

Confirmation

## Physician Residency Training Permit Initial Application

### Medical Education

Please indicate:

- The medical school from which you graduated.
- Name and dates of attendance of any other medical school/institution that you attended.
- Information about medical and osteopathic degrees you have received including your licensure degree.

Do not include coursework taken to meet the continuing education requirements for license renewal.

If you do not recall the exact date of your training, please use 01 for the first day of the month. You will need to enter the correct month and year for your education and certifications (e.g., if your training was in March of 2015, enter 03/01/2015).

**Education** + Add

Philadelphia College of Osteopathic Medicine - South Georgia Campus [Moultrie, GA] Remove Edit

**State, Country:** GA, US  
**Attendance:** 10/01/2016 - 12/01/2020  
**Graduation:** 12/15/2020  
**Degree:** Doctor of Osteopathy

Previous Save / Exit Next




# GEORGIA COMPOSITE MEDICAL BOARD

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Click on the green “+Add” button.

List any Post Graduate Training including the current information for the training you are getting the permit for.

Add the Start and end date.



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Application Start ✓

Address Information ✓

Previous Names ✓

Military Services ✓

Affidavit ✓

Practice Information ✓

Medical Education ✓

Post Graduate Training ↻

Foreign Graduates

Background Check

Verification

Confirmation

## Physician Residency Training Permit Initial Application

### Post Graduate Training

Please indicate the Name, location, and dates of attendance of **all completed** professional/postgraduate training.

Post Graduate Training	+ Add
<p>Emory</p> <p><b>Address:</b> 2 MLK Jr Dr SE East Tower 11th Floor Atlanta, GA 30334 Fulton</p> <p><b>Start Date:</b> 07/01/2026</p> <p><b>End Date:</b></p> <p><b>Specialty:</b> Emergency Medicine</p> <p><b>Post Graduate Program Type:</b> Residency</p>	<p>Edit Remove</p>

Previous Save / Exit Next




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If you have this page, come up with required information this means you chose “No” for question 1.

If you have ECFMG certification, then add the appropriate ECFMG information and make sure to upload the certificate in your license portal.



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Application Start ✓

Address Information ✓

Previous Names ✓

Military Services ✓

Affidavit ✓

Practice Information ✓

Medical Education ✓

Post Graduate Training ✓

Foreign Graduates ⚙️

Background Check

Verification

Confirmation

### Physician Residency Training Permit Initial Application

#### Foreign Graduates

Educational Commission for Foreign Medical Graduates (ECFMG)

\* ECFMG #

\* ECFMG Issue Date

Fifth Pathway

\* Did you complete the fifth pathway program?


Previous Save / Exit Next



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If you checked “yes” for question 1 this page is not required and you can skip this.



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Application Start ✓

Address Information ✓

Previous Names ✓

Military Services ✓

Affidavit ✓

Practice Information ✓

Medical Education ✓

Post Graduate Training ✓

**Foreign Graduates** ←

Background Check

Verification

Confirmation

## Physician Residency Training Permit Initial Application

### Foreign Graduates

Educational Commission for Foreign Medical Graduates (ECFMG)

ECFMG #

ECFMG Issue Date

Fifth Pathway

Did you complete the fifth pathway program?

Previous Save / Exit Next



# GEORGIA COMPOSITE MEDICAL BOARD

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This information will be used for background check purposes.

GCMB will require this for future applications once the rule is approved and in place.

Application Start ✓  
Address Information ✓  
Previous Names ✓  
Military Services ✓  
Affidavit ✓  
Practice Information ✓  
Medical Education ✓  
Post Graduate Training ✓  
Foreign Graduates ✓  
Background Check **Ⓞ**  
Verification  
Confirmation

## Physician Residency Training Permit Initial Application

### Background Check

This information is used to complete the required background check for all applicants. Please indicate the method in which you wish to provide fingerprints for the background check.

\* First Name: Jason Middle Name: Last Name: Jones

\* Date of Birth: [REDACTED]

\* Citizenship: United States of Am Country of Birth: United States of Am City of Birth: Atlanta State of Birth: Georgia

\* Language: english Gender: Male Race: Caucasian

\* Height: 5 ft. Height: 10 in. Weight: 230 lbs.

\* Eye Color: Brown Hair Color: Bald

\* I, Mr. Jason Jones, certify that all of the information supplied above is true and correct to the best of my knowledge. Further, I acknowledge that this criminal background check is for this application process only. Additional application(s) for future licensure processes will require a separate, new CBC application.

I Agree


Previous Save / Exit Next



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Review this information for correctness.



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LICENSURE GATEWAY

Home Applications My Profile Helpful Links

Mr. Jason Jones 0 Alerts Contact Us Logout

- Application Start ✓
- Address Information ✓
- Previous Names ✓
- Military Services ✓
- Affidavit ✓
- Practice Information ✓
- Medical Education ✓
- Post Graduate Training ✓
- Foreign Graduates ✓
- Background Check ✓
- Verification** ⚙️
- Confirmation

## Physician Residency Training Permit Initial Application

### Verification

Please ensure that all information is entered correctly. If you need to change something, navigate to the appropriate page using the left-hand menu. You will then be able to navigate sequentially through the remainder of the application again and return to the Verification page.

#### General

##### Required Documents & Forms

1. Completed Application
2. Application Fee
  - Fees are non-refundable.
3. CV or Current Resume
  - Clearly detail education, training, and employment history.
4. Photograph of Applicant
5. Citizenship Affidavit - Required if not a US citizen, along with approved secure and verifiable identification documents (if providing foreign passport, provide two of the following):
  - U.S. Permanent Resident Card or Alien Registration Receipt Card.
  - Employment Authorization Document (with photo).
  - Foreign government passport (I-94 must also be provided).
  - FAST, NEXUS, or SENTRI card.
  - Canadian driver's license.
  - U.S. Certificate of Citizenship (Form N-560/N-561).
  - U.S. Certificate of Naturalization (Form N-550/N-570).
  - Certification of Report of Birth Abroad (Form DS-1350, FS-545, or FS-240).



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Once you have reviewed the application information and all is correct then read and click on the acknowledgements and sign the application.

Click “submit”

provided by each state.

**\* I have read and understand the statements above.**

I Acknowledge


**Attestation**

**\* In utilizing the Georgia Composite Medical Board's license web process, I, Mr. Jason Jones, acknowledge that all information contained in the application has been either directly submitted by the licensee or caused to be submitted by the licensee. The licensee acknowledges that all information submitted is true and correct to the best of licensee's knowledge. Any information erroneously submitted either directly by licensee or at licensee's direction is the licensee's responsibility. Investigations and disciplinary action may result from the knowing or willful failure of licensee to submit information, either directly or indirectly, to the Board or from the submission of incorrect information to the Board.**

I Acknowledge

**Application Signature**

**\* Signature:** ? 🔍



**Date Signed:**  
1/9/2026 10:00:16 PM



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Click on the “Pay Now” button to complete your application process.

You will not be able to upload any documents until your application is paid for.

When you click on the “Pay Now” button there will be a few choices.

Mr. Jason Jones | 0 Alerts | Contact Us | Logout

Application Start ✓  
Address Information ✓  
Previous Names ✓  
Military Services ✓  
Affidavit ✓  
Practice Information ✓  
Medical Education ✓  
Post Graduate Training ✓  
Foreign Graduates ✓  
Background Check ✓  
Verification ✓  
Confirmation ↻

## Physician Residency Training Permit Initial Application

### Confirmation

You have not paid for your application, please click the button below to do so. Failure to pay for your application may result in cancellation after 90 days of inactivity or 1 year after application submission.

A fee can be submitted via credit card (Visa/MasterCard/American Express/Discover) or e-check. There is a small convenience fee associated with the use of a credit card. This convenience fee is distributed to the company accepting your credit card, not the Georgia Composite Medical Board.

[Pay Now](#)

Your application has been successfully submitted! Submission of your application does not construe licensure. Click the "Exit Application" button at the bottom of this page to return to your Home page. There you will be able to view your application checklist to view next steps and to upload pertinent documents.

**Licensee:**  
Mr. Jason Jones

**Date Submitted:**  
1/9/2026 10:03:01 PM

**Confirmation #:**  
JONE-DUF249

Click the button below to print your application.

[Print](#)

### General




# GEORGIA COMPOSITE MEDICAL BOARD

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You can pay online by clicking the “Pay Online Now” button.

You can also have a third party pay by clicking on the “Third Party Payment” button and entering an email.

Check with your GME on what email to use if sending to a third party.



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### Application Payment

All fees are non-refundable. Applications will not be processed until payment has been received.

Items below are pending payments that have been found on your account. The Georgia Composite Medical Board accepts credit/debit card and electronic check for online payments.

Description	Fund ?	Quantity	Item Amount	Item Total
Residency Training Initial JONE-DUF249	State	1	\$150.00	\$150.00
				Total: \$150.00

Exit / Go Home Third Party Payment Pay Online Now (State)



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You can also have a third party pay by clicking on the “Third Party Payment” button.

If you use the “Third Party Payment” this will show.

Click on the permit and put in the email of the third party you wish to pay the application.

Make sure to have the correct email for the recipient prior to submitting. *Get with your GME on this.*

Third Party Payment

Select the payments you wish to email to a third party for payment. Please note, applications will not be processed until payment has been received.

\* Payments:

Residency Training Initial - \$150.00

\* Email Address:

Submit

Fund	Quantity	Item Amount	Item
State	1	\$150.00	Residency Training Initial

Total: \$150.00

To email a transaction to your employer or a third party for payment, please click this button.

Exit / Go Home    Third Party Payment    Pay Online Now (State)



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Once payment is made you will have access to this page and the ability to upload your documents.

You can also see who your license tech is by hovering over the “person” icon just below the work “pending”.

Use <https://gcmb.nextrequest.com/> and choose the Resident Training Permits department to communicate with your tech if needed.

Upload ALL applicable documents to your portal.

### Primary Practice

**Address:**  
No record on file  
**Phone:**  
No record on file  
**Fax:**  
No record on file  
**Email:**  
No record on file

### Specialties

No record on file

### DEA Information


No record on file

### Contact Details

**Primary Address:**  
2 MLK Jr Dr SE  
East Tower 11th Floor  
Atlanta, GA 30334  
Fulton  
**Home:**  
404-709-1855  
**Work:**  
No record on file  
**Cell:**  
No record on file  
**Primary Email:**  
jsjones141@yahoo.com  
**Secondary Email:**  
No record on file




### My Licenses/Registrations

Click on license panel below to bring up application history, files, and options.












**Physician**  
Sub-Type: **Residency Training Permit**  
Application #: **JONE-DUF249**

**Pending**

**Initial Application (JONE-DUF249)**    365 days remaining

**Applicant Items** 10 Incomplete

Description	Status	Options
Application Received +	✓ Complete	
CV/Resume +	✗ Incomplete	 Upload
References +	✗ Incomplete	
Citizenship Affidavit +	✗ Incomplete	 Upload
Criminal History Disclosure +	✗ Incomplete	 Upload
Official Medical Transcript +	✗ Incomplete	 Upload
NPDB/HIPDB Self-Query Reports +	✗ Incomplete	 Upload
Official License Verifications +	✗ Incomplete	 Upload
Explanations/Documentation +	✗ Incomplete	 Upload
Letter of Good Standing +	✗ Incomplete	 Upload
Medical School Diploma +	✗ Incomplete	 Upload



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The NextRequest portal <https://gcmb.nextrequest.com/> is used for all communications with GCMB license techs. This is so we keep all communications in one place accessible by all GCMB employees. Click on “Make a Request”.

Georgia Composite Medical Board

Make request All requests Documents All tasks

NextRequest

## GCMB Requests Portal

Welcome to the Georgia Composite Medical Board's public records request and customer service portal.

You can submit a new request or view your existing requests here. In many cases, the information you need may already be available online—this portal is designed to help you find answers quickly and easily.

*New to NextRequest?*

[Click here for a step-by-step walkthrough on completing a request.](#)

Search

Search 30557 requests and counting

**Make Request**

Make a new public records request.



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The NextRequest portal:

Fill out as much information as needed to answer your request.

In the departments dropdown choose the Resident Training Permits department or your license tech department.

We will respond within 3 to 5 business days.

Please do not submit multiple requests for the same issue as this will make it more difficult for staff to answer in a timely manner.

You **must** create an account & sign in to upload files.  
Pick the right department, enter contact info (*if filing for someone else, list whoever GCMB should contact*), & submit one subject per request unless relevant.  
[Need help? See the step-by-step guide](#) & review our tips on the right 🍌

Request description \*

B I U ☰ ☷

Enter your request - please include all information that could help fulfill this request.

This field is required.

Upload and attach files (optional)

Choose file(s)

Departments \*

Assign departments (required)

- Orthotist & Prosthetist (Ernest Huddleston)
- PA & AA (Angelique Carter)
- PA & AA (Floretta Gaines)
- PA & AA (Natalie Williams)
- Pain Management Clinics (Britni Norwood)
- Petition for Waiver or Variance of Rules
- Physician (Chesley Harris)
- Physician (Katonya Reynolds)
- Physician (Sandra Fanning)
- Resident Training Permits**

- **Compliance** – A complaint (do not file here).
- **Customer Service**
- **Licensing** – Applications, forms, or documents, *license type & (if applicable, type/tech name (Hill))*.
- **Low THC Oil for Medical Use**
- **Media & Public Affairs**
- **Open Records** – Requests under the Georgia Open Records Act (18-71(a)).
- **Petition for Waiver or Variance of Rules** – Download the form here.

Choosing the appropriate department for your request is routed to the appropriate department.

**Write a Clear Request**

To help us process your request accurately, provide the following information in your submission:

- **Who** is involved in the request (licensee, or organization).
- **What** are you requesting (provide as much information as possible).
- **When** did the event occur (Providing a date and timeframe is helpful).
- **Where** is this request being filed (incident, office, location).
- **Why** are you submitting the request (provide a brief explanation).

❌ Do not submit confidential information.



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## H1B Letter

**H1B Letter:** If you need a letter, please send the applicants information and request to <https://gcmb.nextrequest.com/> and choose the *Resident Training Permits* department.

**Applicants must submit a completed application and pay the fee before aH1B letter will be provided by GCMB**



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THANK YOU FOR CHOOSING  
GEORGIA TO TRAIN AND SERVE!