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.

* **Please provide your practice plans. To the extent known, please include specialty, geographic location within Georgia, and practice setting (solo practice, group, hospital-based, telemedicine, etc.) in your answer. Responses such as "looking for work" or "undecided" will not be accepted. The Board needs to understand how an applicant intends to use a license if granted.**

* **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?**

○ Yes ○ No

* **Have you ever been, or are you currently, the subject of an investigation by any licensing Board or agency?**

○ Yes ○ No

* **Have you ever voluntarily surrendered a controlled substance registration?**

○ Yes ○ No

* **Have you ever had your federal registration to prescribe, distribute, or dispense controlled substances suspended or revoked?**

○ Yes ○ No

* Have you ever been denied the privilege of taking a licensing or certification examination given by any licensing Board or Agency?

○ Yes ○ No

* Have you ever been denied membership in, or in any way sanctioned by, any professional association, or society?

○ Yes ○ No

* Have you ever been denied a DEA registration number?

○ Yes ○ No

* Have you ever been issued a restricted DEA registration?

○ Yes ○ No

* Have you ever voluntarily surrendered a DEA registration?

○ Yes ○ No

* If you have a DEA number, have you registered with the Prescription Drug Monitoring Program?

○ Yes ○ No

* Have you ever been named as a party in a malpractice suit, arbitration hearing, State Review panel proceeding, or a VA/Federal agency review?

○ Yes ○ No

* Have you ever resigned from a hospital staff position or training program after a complaint or peer review action has been initiated against you?

○ Yes ○ No

* Have you ever had any restrictions as a Medicaid or Medicare provider?

○ Yes ○ No

* Are you currently in default on child support payments?

○ Yes ○ No

* 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

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