

Application Start ✓

Affidavit ⌂

Citizenship

Malpractice Information

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Confirmation

# Physician Residency Training Permit Renewal 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.

\* Do you have medical malpractice insurance?

Yes  No

\* Since your last application to the present time, have you been the subject of any disciplinary action or investigation by any US or foreign licensing authority, hospital, institution, society, or other governmental agency?

Yes  No

\* Since your last application to the present time, have you entered a plea bargain or have you been arrested, charged, indicted, or convicted for violating any law including DUI? (You should answer Yes and explain even if you believe the arrest was sealed, expunged, dropped or otherwise nullified).

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

\* Since your last application to the present time, have you had your state controlled substance registration suspended, revoked or voluntarily surrendered?

Yes  No

\* Since your last application to the present time, have you been denied or had your DEA registration suspended, voluntarily surrendered, restricted or revoked?

Yes  No

\* Since your last application to the present time, have you been denied the privilege of taking a licensing or certification examination given by any licensing Board or Agency?

Yes  No

\* Since your last application to the present time, have you been denied membership in, or in any way sanctioned by, any professional association, or society?

Yes  No

\* If you have a DEA number, have you registered with the Prescription Drug Monitoring Program? If not, please register at [georgia.pmpaware.net/login](http://georgia.pmpaware.net/login).

Yes  No

\* Since your last application to the present time, have you been named as a party in a malpractice suit, arbitration hearing, State Review panel proceeding, or a VA/Federal agency review?

Yes  No

\* Since your last application to the present time, have you resigned from a hospital staff position or training program after a complaint or peer review action has been initiated against you?

Yes  No

\* Since your last renewal until present time, have you had your hospital privileges limited, suspended, denied or revoked or have you been dismissed or resigned while under investigation?

Yes  No

\* Since your last application to the present time, have you had any restrictions as a Medicaid or Medicare provider?

Yes  No

\* Are you currently in default on child support payments?

Yes  No

\* During the course of investigating complaints against its licensees, the Board occasionally sends a file to a peer reviewer to get an outside expert opinion. Would you be interested in serving as a paid peer reviewer for the Board?

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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