

**2024-2025 Residency Training Permits
RENEWAL INFORMATION**

Residency Training Permits will expire on June 30, 2025.

Rule 360-2-.10 (5) Failure to renew a postgraduate training permit by the designated expiration date (**6-30-2025**) shall result in a penalty for late renewal as required by the Board. Postgraduate training permits that are not renewed **within one month** of expiration (**8-1-2025**) shall be revoked for failure to renew and a new application with the appropriate fee shall be required.

INFORMATION FOR 2024-2025:

Renewal applications will be completed and submitted on through the licensee portal.

Renewing Residents that previously provided **U.S. citizenship** affidavit and documentation do **NOT** have to provide the information for **2025-2026**.

Renewing Residents that are **NOT U.S. citizens** must submit the notarized affidavit and copy of the verifiable document(s) being submitted to verify the immigration status.

NO change in fees for 2024-2025. ALL FEES MUST BE PAID ONLINE.

\$75.00 – Standard renewal - received by the Board on or before **6-30-2025**

\$145.00 – Late renewal - received by the Board from **07-01-2025** to **07-31-2026**

\$150.00 – Reinstatement - reapply for a permit as of **08-01-2025**

Reminder: Make sure to have appropriate signatures and dates where indicated. **Attach appropriate documentation for YES answers.**

Program Director should complete the **ENTIRE** section under Part 2 on Form B. Form must be notarized. The dates must match. *Electronic notary is not acceptable in GA.*

If question #1 is checked as NO, submit documentation to verify Immigration Status.

EMAIL (or share file/s) with the completed supplemental documents (Form B) along with a list of residents to Residency.Training@dch.ga.gov. Allowable email size with attachments is 25MB.

If you require additional information, please email or call:

David Harris David.Harris@dch.ga.gov

Thanks in advance for your cooperation!

Documentation to be submitted with the Notarized Affidavit:

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2012 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

If you are NOT a U.S. citizen, provide the following:

Permanent Resident card – copy of the I-551 (Both FRONT and BACK of card)
 Employment Authorization Card - copy of the I-766 or I-688A
 J-1 Visa – copy of the DS-2019 (J-1 visa) and copy of the I-94
 F-1 Visa – Copy of the I-20 (F-1 visa) and copy of the I-94
 H-1-B visa – Visa Information with valid (not expired) foreign passport and I-94

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.

MAKE SURE ALL COPIES ARE LEGIBLE. Use a good quality copier and ENLARGE the size of the copy if needed. If we cannot read your documents, we will be unable to submit your information to the SAVE program, which will delay the processing of your application.

2024-2025 Residency Training Permit
NOTARIZED AFFIDAVIT
(for NON-US Citizen - Only)
RENEWAL - Only

Institution Name:

Residency Training Program Name:

Name of Resident:

Permit #:

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, from the Georgia Composite Medical Board, the undersigned applicant verifies one of the following with respect to my application for a public benefit: (Choose only ONE option.)

- 1) _____ I am a legal permanent resident of the United States.
- 2) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. My alien number issued by the Department of Homeland Security or other federal immigration agency is:

_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1, with this affidavit.

REQUIRED: The secure and verifiable document provided with this affidavit can best be classified as:

_____.

(List type of document being verified by Notary – I-551, I-94, DS-2019, etc.)

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

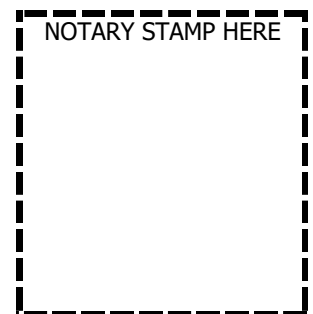
Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ DAY OF _____, 20_____

NOTARY PUBLIC My Commission Expires:



2024-2025 CERTIFICATE OF POSTGRADUATE TRAINING FORM - RENEWAL

Permit Number: _____

PART 1: To be completed by the Resident

LAST NAME

FIRST NAME

MIDDLE INITIAL

DATE OF BIRTH

TELEPHONE NUMBER
HOME:

WORK:

CURRENT GEORGIA GME OFFICE ADDRESS:

CITY

STATE

ZIP CODE

PART 2: To be completed by the Program Director

TYPE OF PROGRAM: **AS OF JULY 1, 2024**, INDICATE THE YEAR OF TRAINING

PGY1

PGY2

PGY3

PGY4

PGY5

PGY6

PGY7

Name of Training Program (i.e., Internal Medicine, Psychiatry) _____

Must Complete:

Initial GEORGIA RTP Start Date:

Projected GEORGIA RTP Completion Date:

This portion of the application must be completed by the Program Director who is licensed in Georgia.

PROGRAM DIRECTOR'S AFFIDAVIT

I hereby recommend the above applicant be renewed a postgraduate training permit. I hereby certify that he/she will limit his/her practice to such acts as may be prescribed by or incidental to the training program, that he/she may train only under the supervision of physicians responsible for supervision as part of the training program and may practice in facilities affiliated with the program only if such practice is part of the training program for which the permit is granted. **I understand that I must report to the Board the following within 15 days of the event: any disciplinary action taken against the permit holder for any ground or violation enumerated in O.C.G.A. §§ 43-34-37 and 43-1-19, the permit holder's withdrawal or termination from or completion of a postgraduate training program, or the permit holder who has an unauthorized absence from the program for any length of time in excess of two weeks. I HEREBY RECOMMEND THE ABOVE APPLICANT FOR ADVANCEMENT TO THE NEXT LEVEL AS REQUIRED IN 360-2-.12(4)**

Please type or print:

Program Director's Name

Title

Signature

Date

IMPRINT PROGRAM OR
NOTARY SEAL HERE

Sworn to and subscribed before me this

_____ day of _____, _____
DATE MONTH YEAR

SIGNATURE OF NOTARY PUBLIC

My Commission Expires: