

## **Simple Checklist for PA/AA Licensure**

**FOR ALL OF THESE FORMS, EITHER UPLOAD TO EGOV OR EMAIL TOGETHER AT: [gcmb.paandaa@dch.ga.gov](mailto:gcmb.paandaa@dch.ga.gov). PLEASE DO NOT PHYSICALLY MAIL DOCUMENTS.**

### **For Licensure Only**

- 1. Initial Application**
- 2. Checklist:**
  - **New Graduates:** Reference Form D, Job Description (Form F)
  - **Out-of-State License Holders**

### **For Licensure and Approval of Primary Supervising Physician**

- 1. Initial Application**
- 2. Utilization of a Physician Assistant:**
  - Job Description (Form F)
- 3. Checklist:**
  - **New Graduates:** Reference Form D, Job Description (Form F)
  - **Out-of-State License Holders**

---

### **All Applicants Must Also Submit:**

- **Form A (Affidavit of Application with Photo)**
- **Form A2 (Affidavit of Application)**
- **Verifiable Document (Copy of ID)**
- **Form C/D (Reference Form)**
- **Certification Report (NCCPA, NCCAA)**
- **Form K (School Verification)**
- **CV/Resume**

---

### **Depending on Your Circumstances, You May Also Need to Fill Out**

- **Form B (Request for Additional Duties)**
- **Form J (Specific Power of Attorney)**
- **Form H (Separation Notification)**

**FOR ADDITIONAL INFORMATION PLEASE SCROLL DOWN**

- **Form A (Affidavit of Application with Photo) Requirements:**

- Must be signed and dated by the applicant. Notarize the form with a seal, signature, and date.
- Upload the form as a PDF to your account, naming it "FORM A."
- The applicant and notary signature dates must match.
- Attach a current photograph that is 2"x2", head and shoulders only, and not more than six months old to the Affidavit.

---

- **FORM A2 (AFFIDAVIT OF APPLICATION):**

- Sign, date, and indicate the type of proof (e.g., passport, driver's license). Attach a copy (front and back).
- Notarize with a seal, signature, and date.
- Upload as a PDF named "FORM A2" to your account.
- Ensure dates are current and match the application date.
- Use a verifiable document from the approved list.
- Non-U.S. citizens must provide a copy of their VISA/Immigration I.D. (front and back) for statewide SAVE verification.

- **Verifiable Document (Copy):**

- Provide a copy (front and back) of identification, such as a valid driver's license or U.S. passport. Do not mail the original.
- Upload as a PDF named "ID PHOTO" to your account.

Ensure all submitted document copies are legible to avoid delays in processing your application.

---

- **Form C (AA)/ Form D (PA)**

- Submit two reference forms directly from board-certified MDs or DOs, covering the last 7 years.
- References must come from the physician, not the applicant or credentialer, and cannot match the supervising physician on the Utilization Form.
- Use a business email (e.g., john.smith@piedmont.org) or mail to the Board.
- Dates should be in MM/DD/YYYY format.
- For new graduates: specify a known limitation timeframe (minimum 4 weeks). If less than four weeks, provide 1-2 additional references with at least 1-week each.

---

- **Certification Report: NCCPA or NCCAA**

- **Contact the agency** (NCCPA or NCCAA) and request an official letterhead verification to be sent directly to our office.
- The verification must be a **direct copy** from NCCPA or NCCAA, showing the agency's **LOGO** (certificates are not acceptable).
- You can email the verification to the Board as a PDF attachment.
- The email must come from an NCCPA/NCCAA email address (e.g., if NCCPA is sending it, the email must be a verifiable account, such as [jsmith@nccpa.net](mailto:jsmith@nccpa.net)).
- Ensure that the document information is **current** and not expired.
- For pending scheduled exams, provide a copy of the **eligibility verification letterhead**.
- Also, include the exam informational email showing the **exam date and location instructions**.

- You can upload these documents to your account under “NCCPA” or “NCCAA.”

---

- **Form K (School Verification)**

- Must be completed and submitted by an official from your physician assistant graduating program, directly from the school.
- Do not replace this form.
- Can be notarized with a notary seal and/or the Official School Embossed Seal, with original signatures and dates.
- **Information required: applicant’s name, type of degree, date of degree conferral.**
- Can be emailed as a PDF attachment from a school/program email address (e.g., [jsmith@emory.edu](mailto:jsmith@emory.edu)) and must include a copy of the school embossed seal.
- All dates must match the Education History Section of the Application, and the graduation date cannot be after the school official’s signature/date.

---

- **CV/Resume:**

- Submit a current resume/CV.
- Upload as a PDF, naming it “CV/RESUME” when importing into EGov and assigning the document name.
- Include city and state for each job title in the work experience section.
- List the most recent job title first.
- The CV/Resume can come from the applicant or credentialer.
- Provide a written explanation if not practiced in over 30 months or if there are major gaps in clinical practice history.
- Please include clinical rotation (city, state, and dates)

---

## **CIRCUMSTANTIAL FORMS**

- **Form B**

- Full name and license number
- Specific duty requested (one per form)
- Number of times performed under supervision
- Duration performed (days, weeks, months)
- Prior board approval for this duty (Yes/No)
- Number of times performed under prior supervising physician (if applicable)
- Verification from prior supervising physician (Yes/No)
- ACLS certification (Yes/No, submit copy if applicable)
- Certification of competency (observation, coursework, CME, training, case log)
- Statement of ability to manage complications
- Sedation setting (if applicable): Hospital, Surgery Center, Medical Office, Medi Spa
- Sponsoring physician’s info: name, license number, signature, date, address, certifications
- Physician Assistant’s name and signature

- **Form J – Specific Power of Attorney Requirements:**

- Authorizes your designee to make inquiries to the Board regarding your application.
- Must be submitted with the Initial Application.

- Include the applicant's full name.
- List names and contact information for all designated agents.
- Applicant's signature and date required.
- Notarize the form with a seal, signature, and date.
- The form expires upon license grant, application denial, or written revocation.

- **Form H Separation Notification Form for Physician Assistants**

- **Physician Assistant Statement:**
  - Notice to the Georgia Composite Medical Board that Doctor [Physician's Full Name] is no longer a primary supervising physician.
  - Effective date: [Month/Day/Year]
  - Physician's license number
  - Physician Assistant's name and license number
  - Physician Assistant's signature and date signed
- **Physician's Statement:**
  - Notice to the Georgia Composite Medical Board that [Physician Assistant's Full Name] is no longer under supervision.
  - Effective date: [Month/Day/Year]
  - Physician's signature and date signed