GEORGIA COMPOSITE MEDICAL BOARD

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Vaccine Protocol Tutorial 2026

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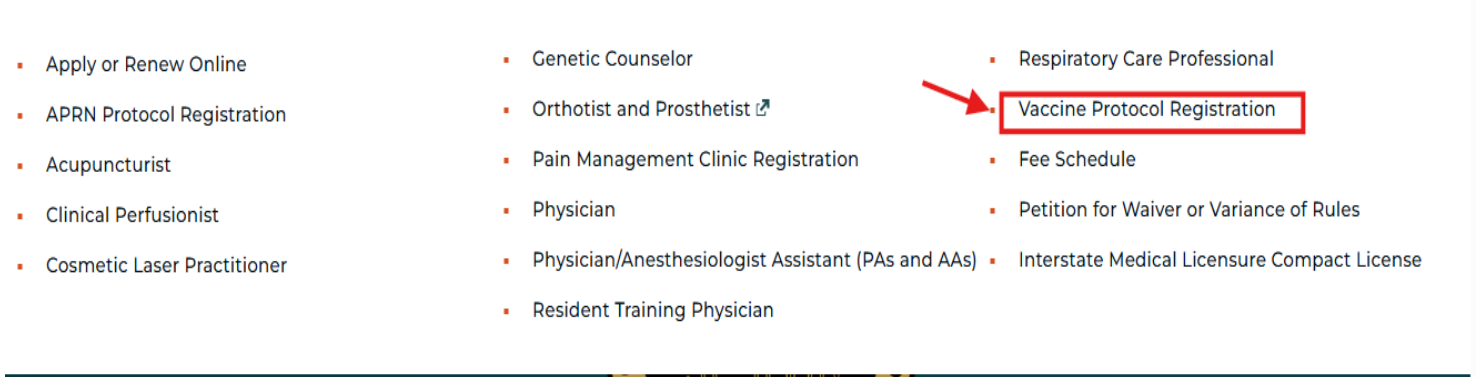
Website updates for 2026

Go to the website and click On the “licensing” dropdown.

Then click on the Vaccine Protocol Registration tab.

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



https://medicalboard.georgia.gov/licensure-information/vaccine-protocol-registration

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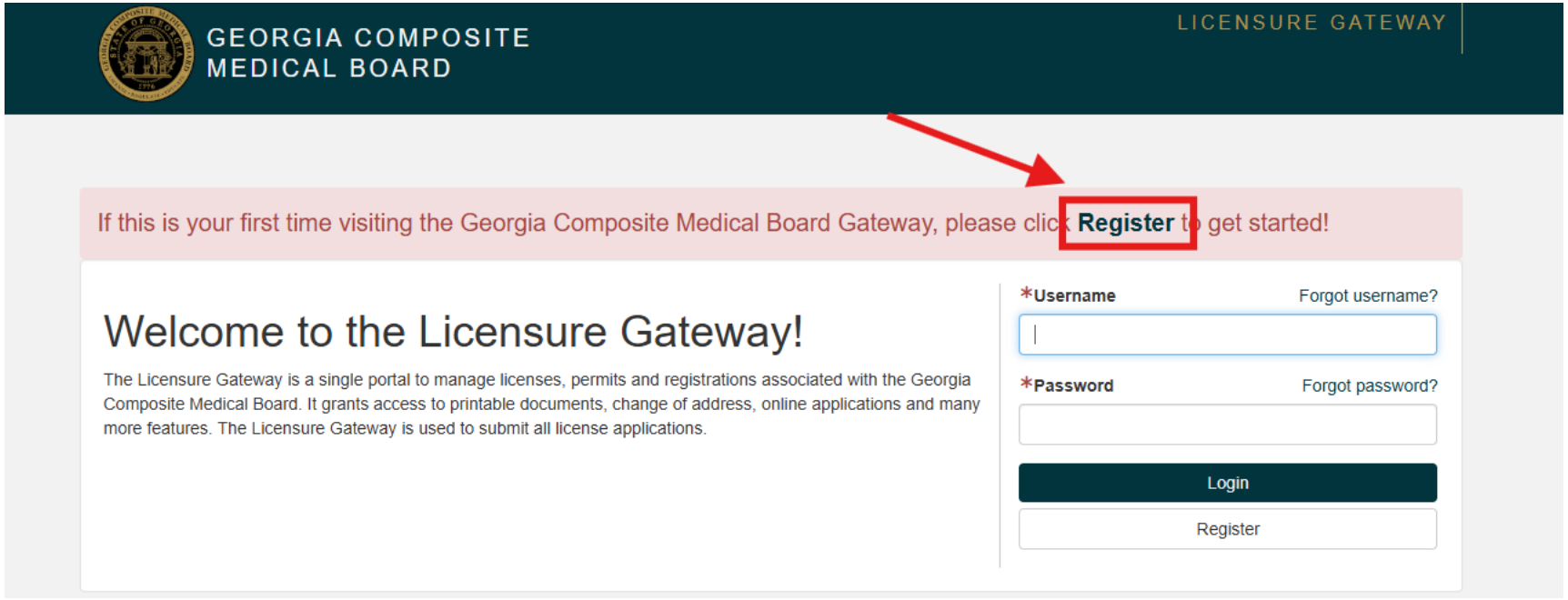
Applicants must register with our new licensing database



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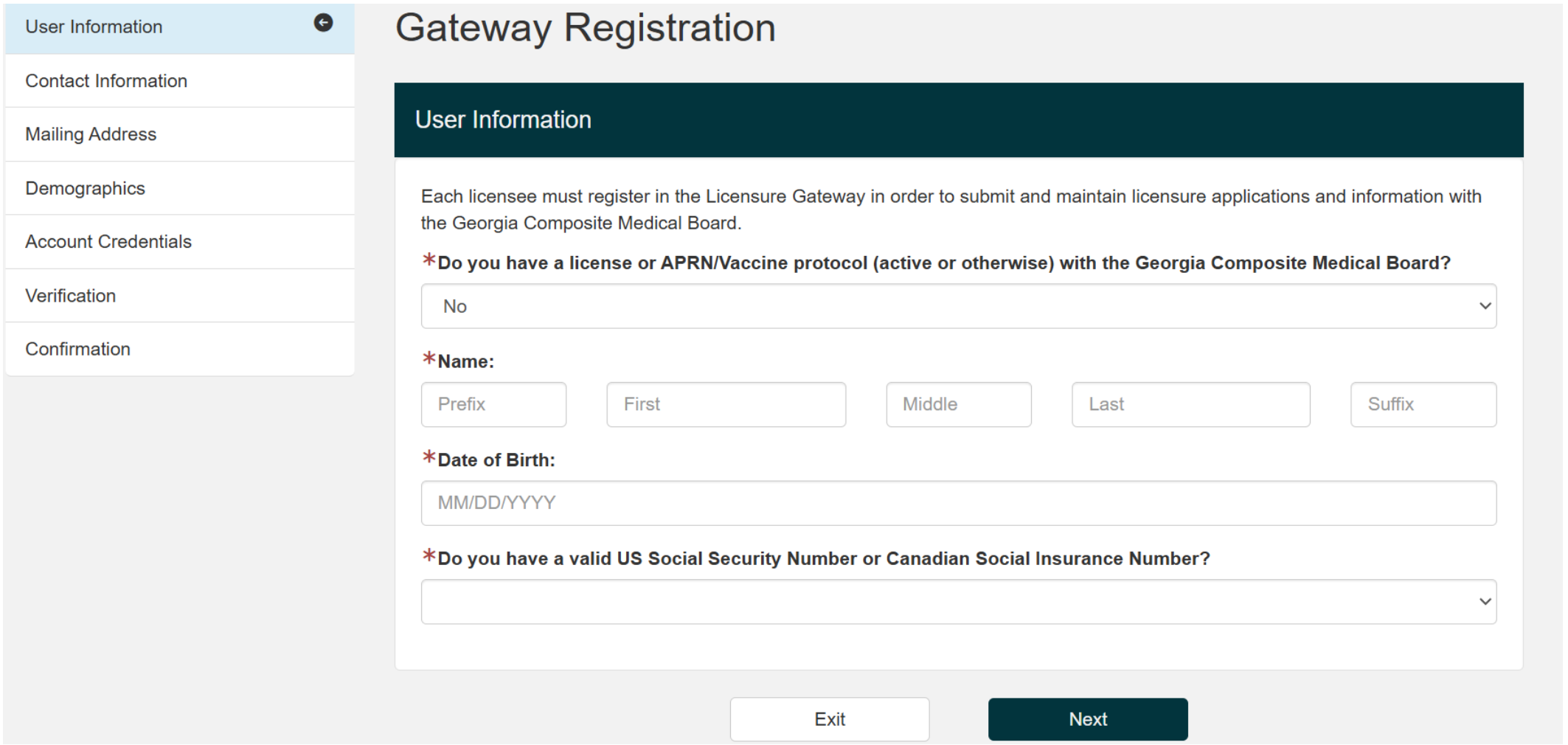
If you have an expired or Inactive GA license Number, make sure to Say “yes” in the drop-Down. If you are a new Applicant then select “no” and answer all Questions.

If you have a SSN or SIN It must be entered in the Format XXX-XX-XXX or it will give you an error.



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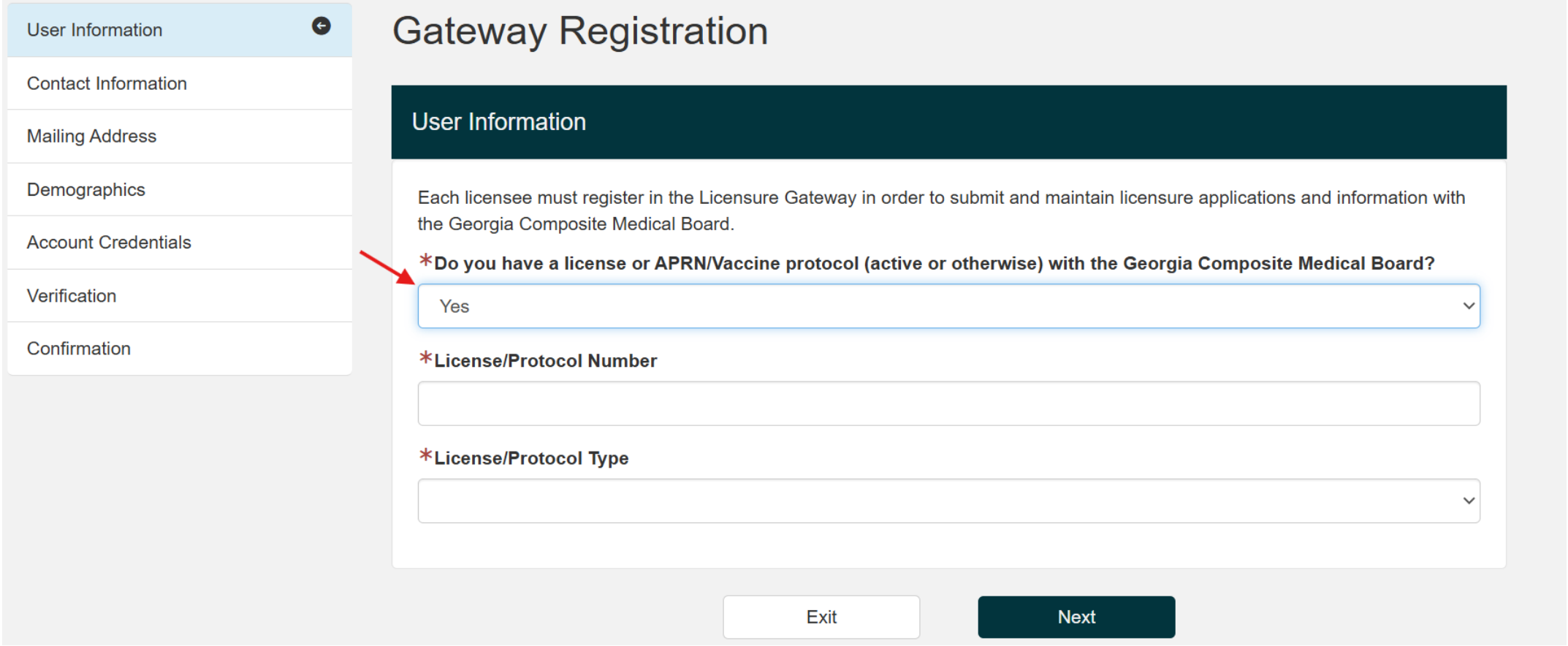
If you selected yes, then Enter license/ protocol Number and the type of License/ protocol.

Click “Next”



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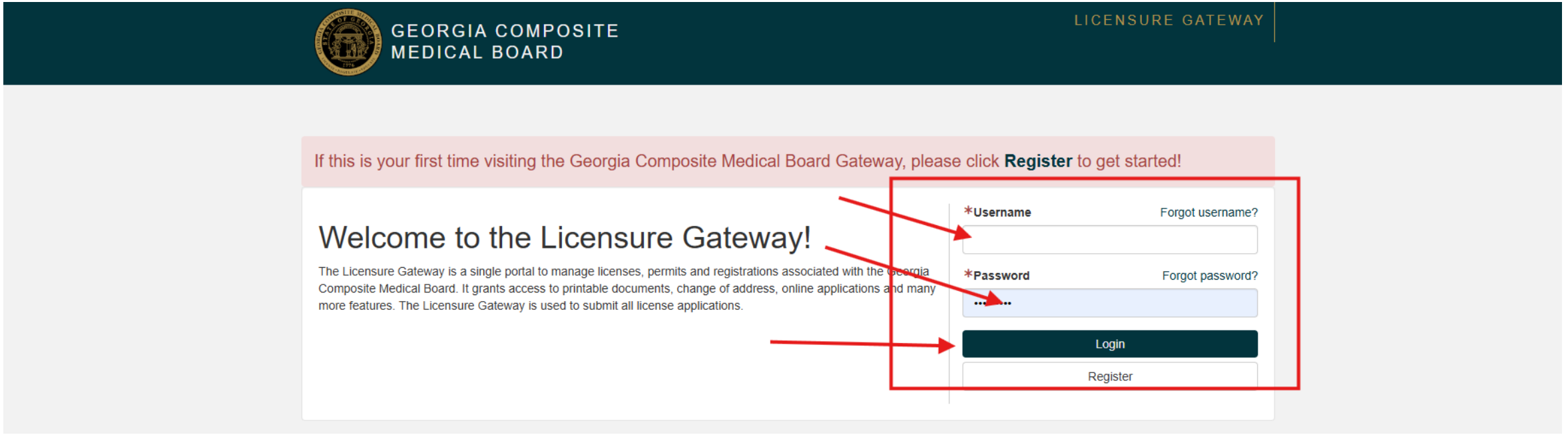
Once registered login with your username and password you created.



The next page will have a dropdown to apply for the Vaccine Protocol

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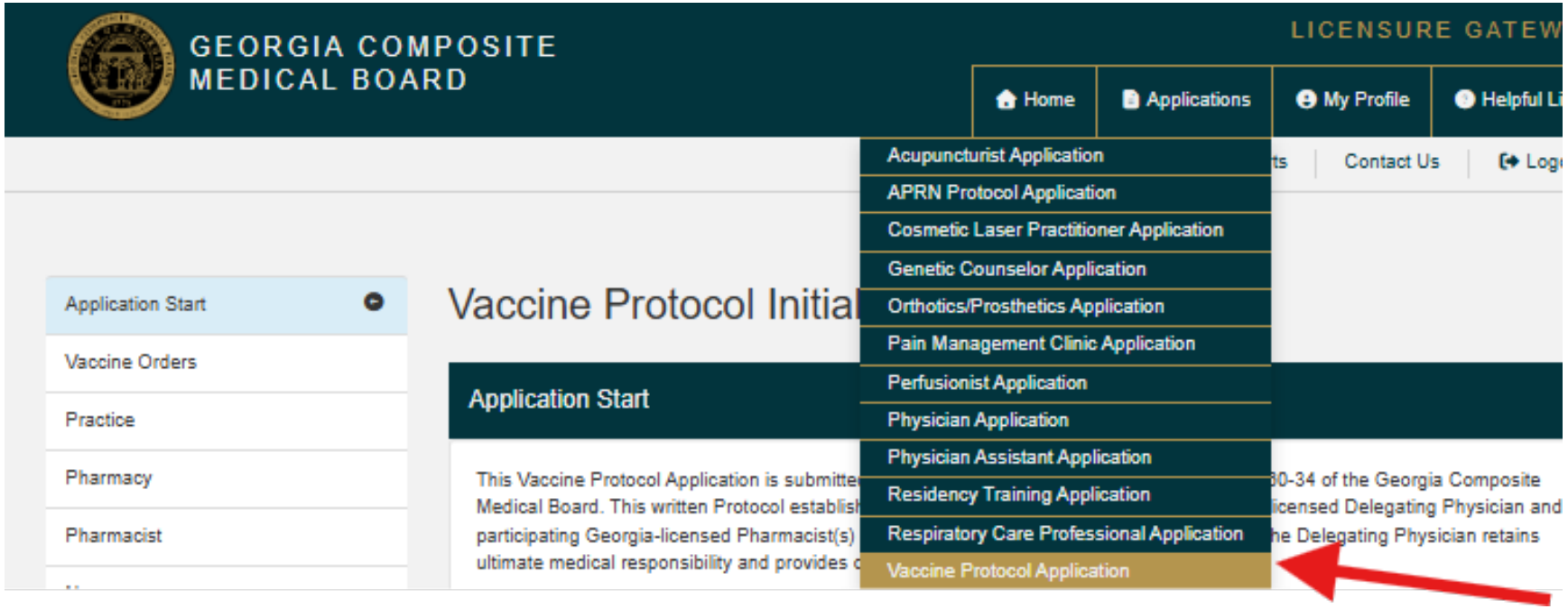
Click on the "Application" tab

Then click on the Vaccine Protocol Application



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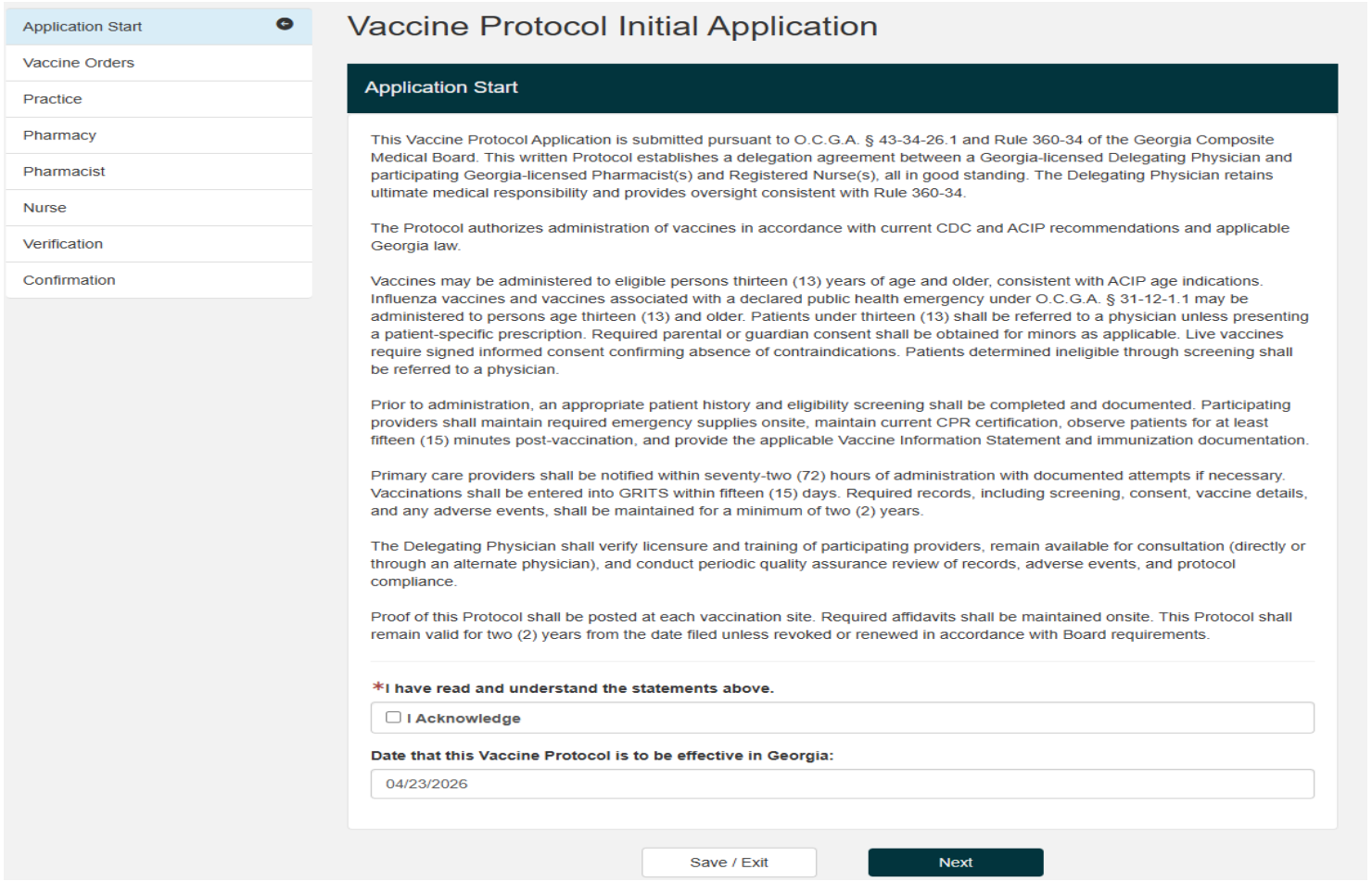
Read all information and Click “I Acknowledge”

Click “Next”



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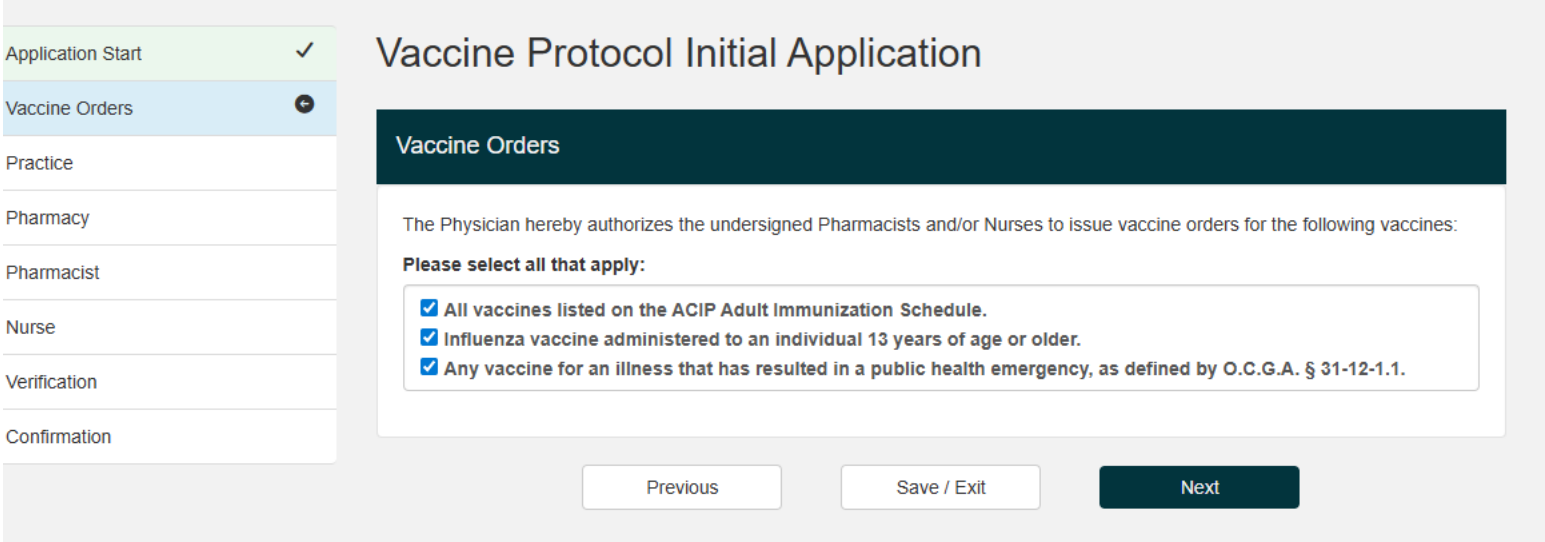
Under “vaccine orders” select all that Apply

Click “Next”



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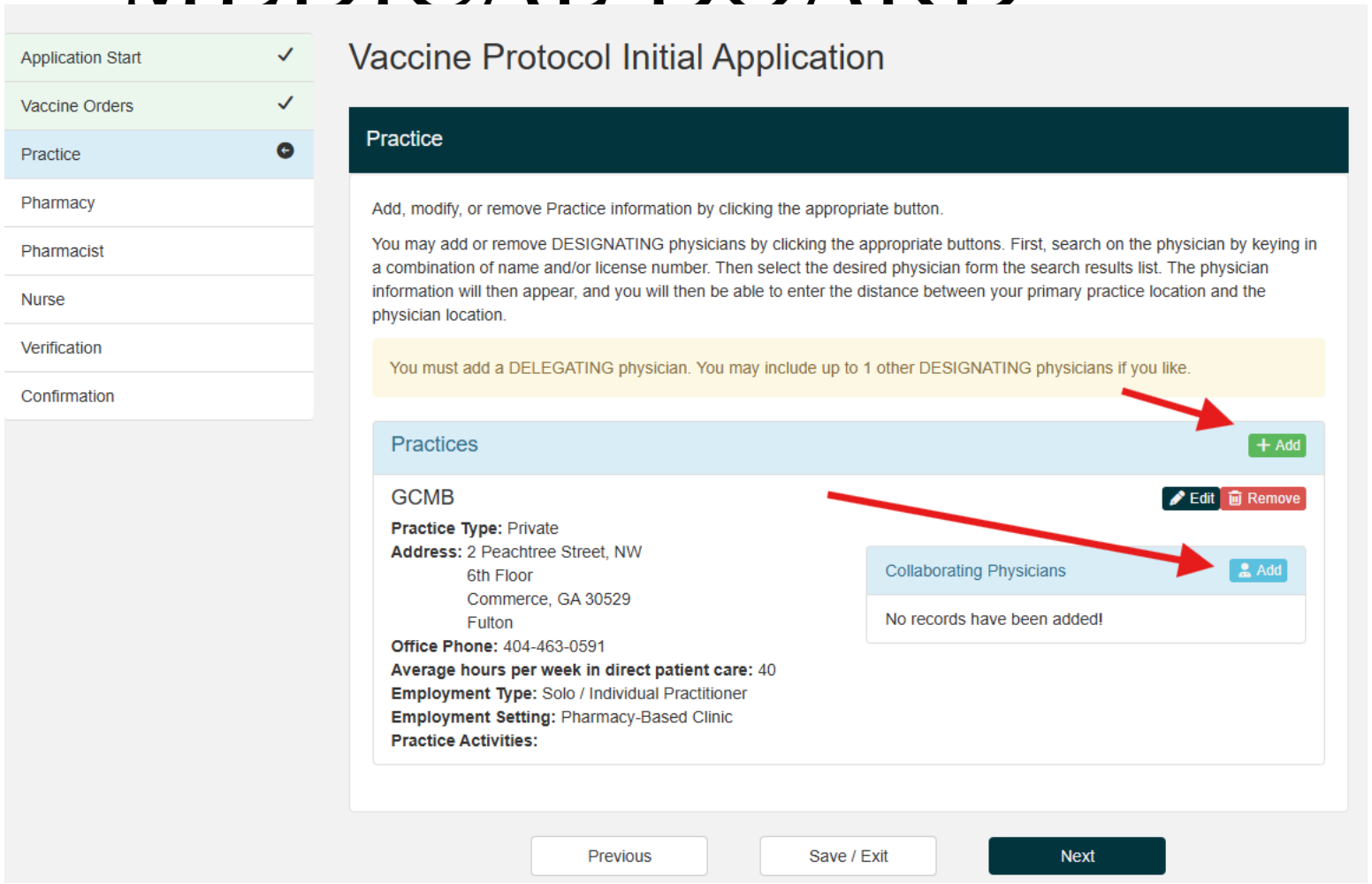
Click on the “+Add” button. List any practice addresses.

Click on blue Add button to add “Collaborating Physicians”



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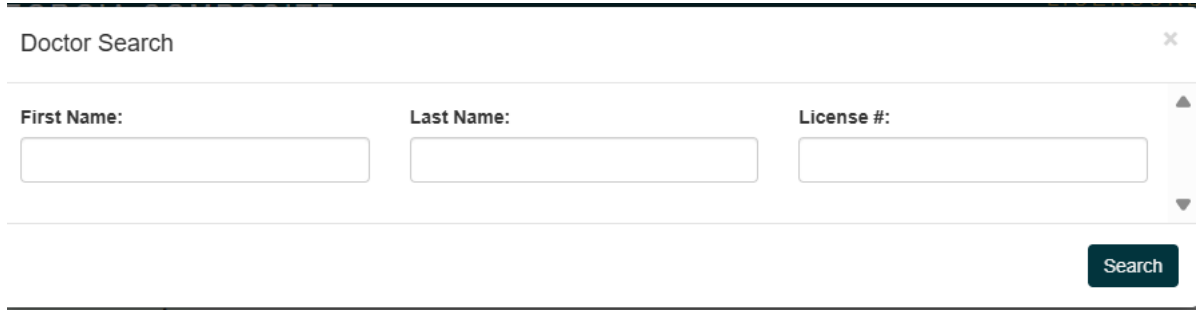
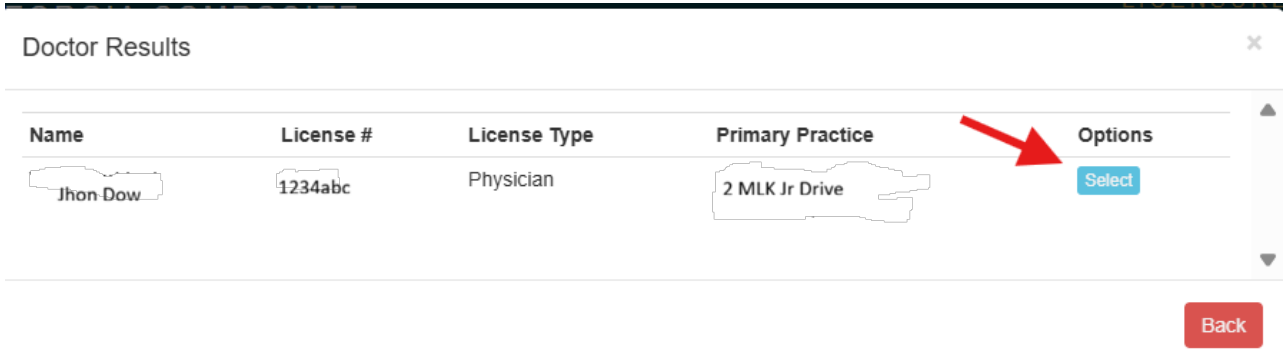
To search for a doctor, you can Either enter the Physicians license Number or name.



Once the search is complete you will See this screen. Select the doctor.

Click “Select”



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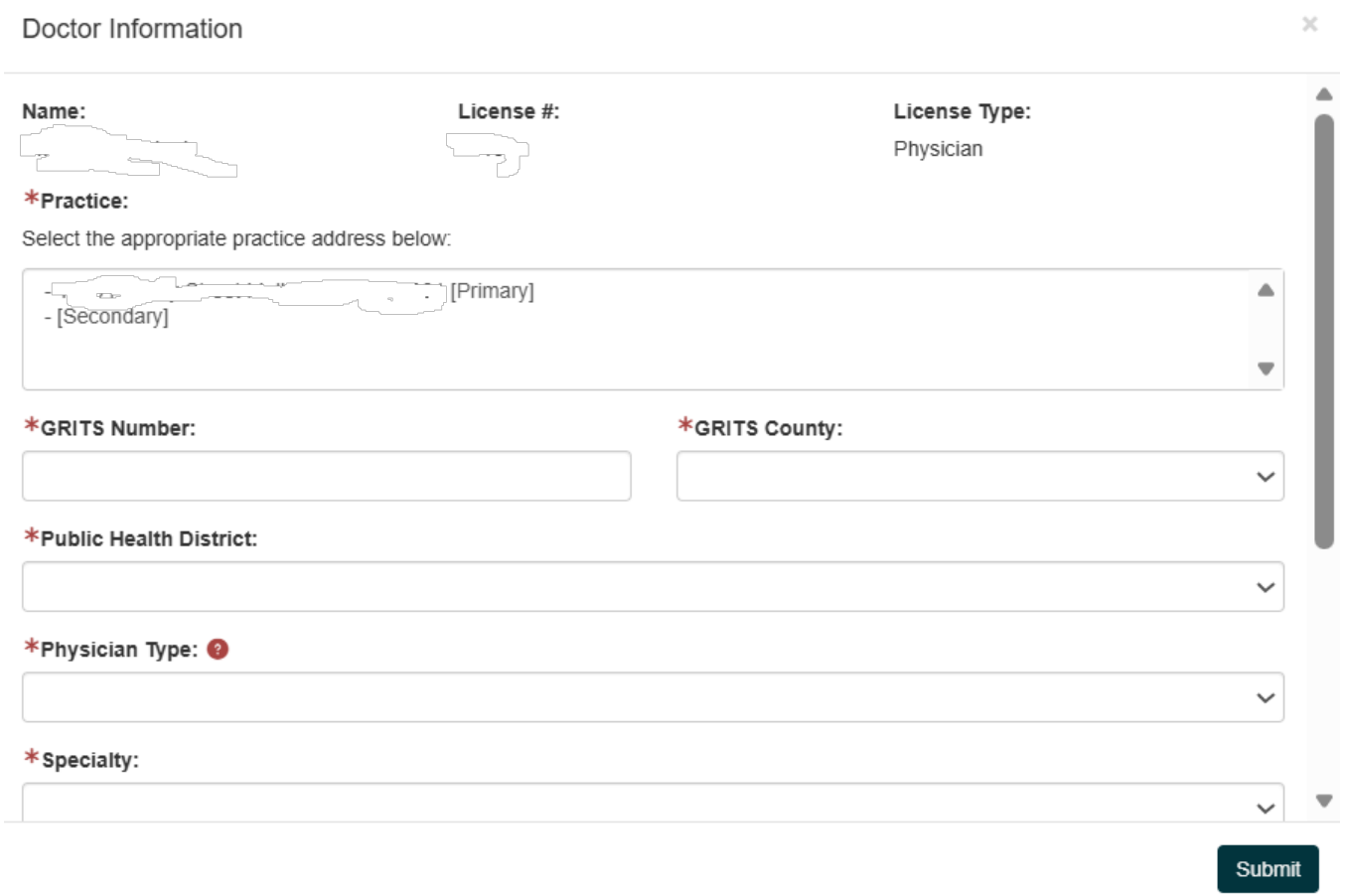
Once you have selected your Doctor, you will come to this page.

Complete ALL

required fields Click

“Submit”



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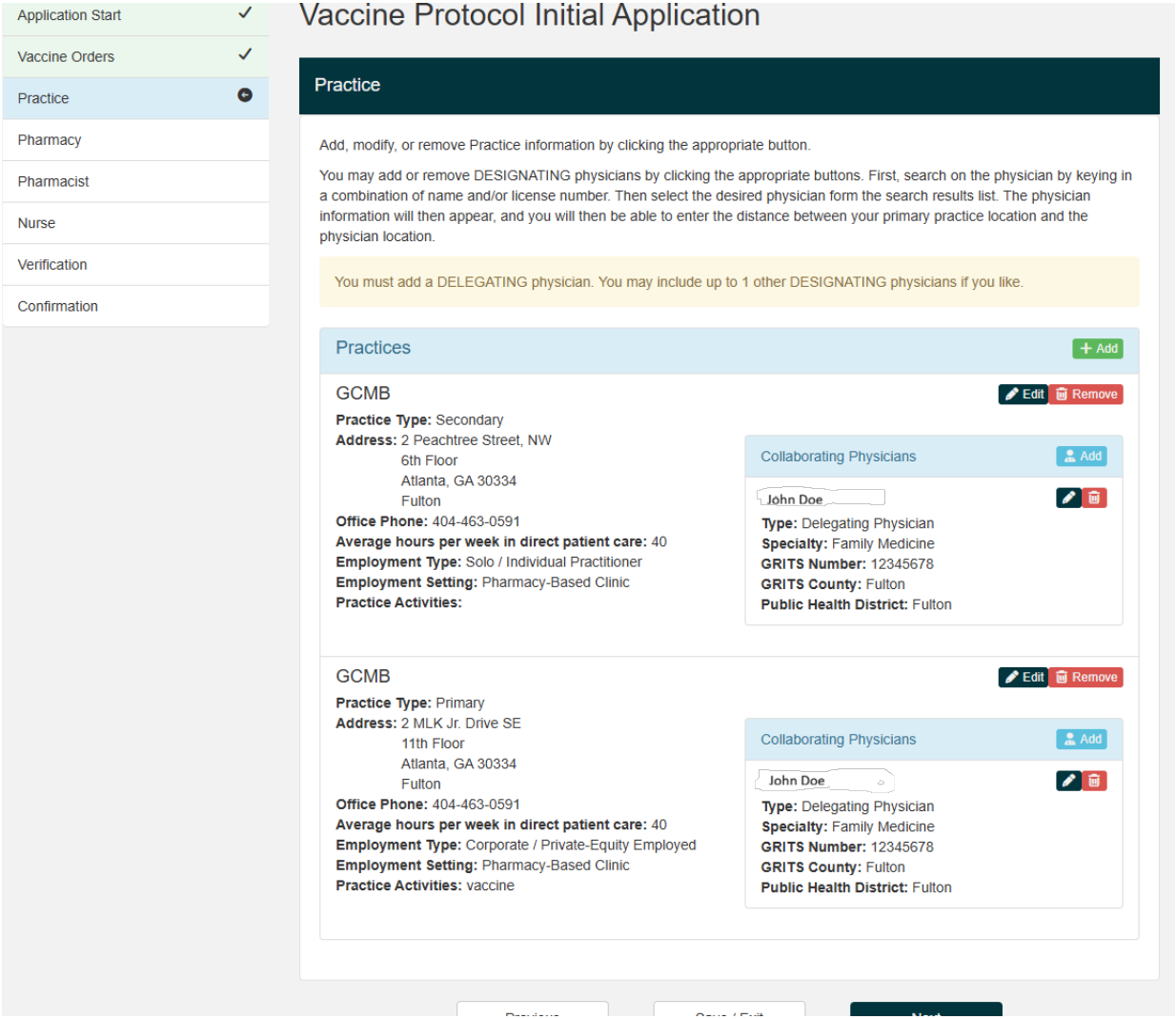
Once you have completed your doctor Information you will see this page.

You must have at least 1 “delegating physician” and a Primary Practice.

Click “Next”



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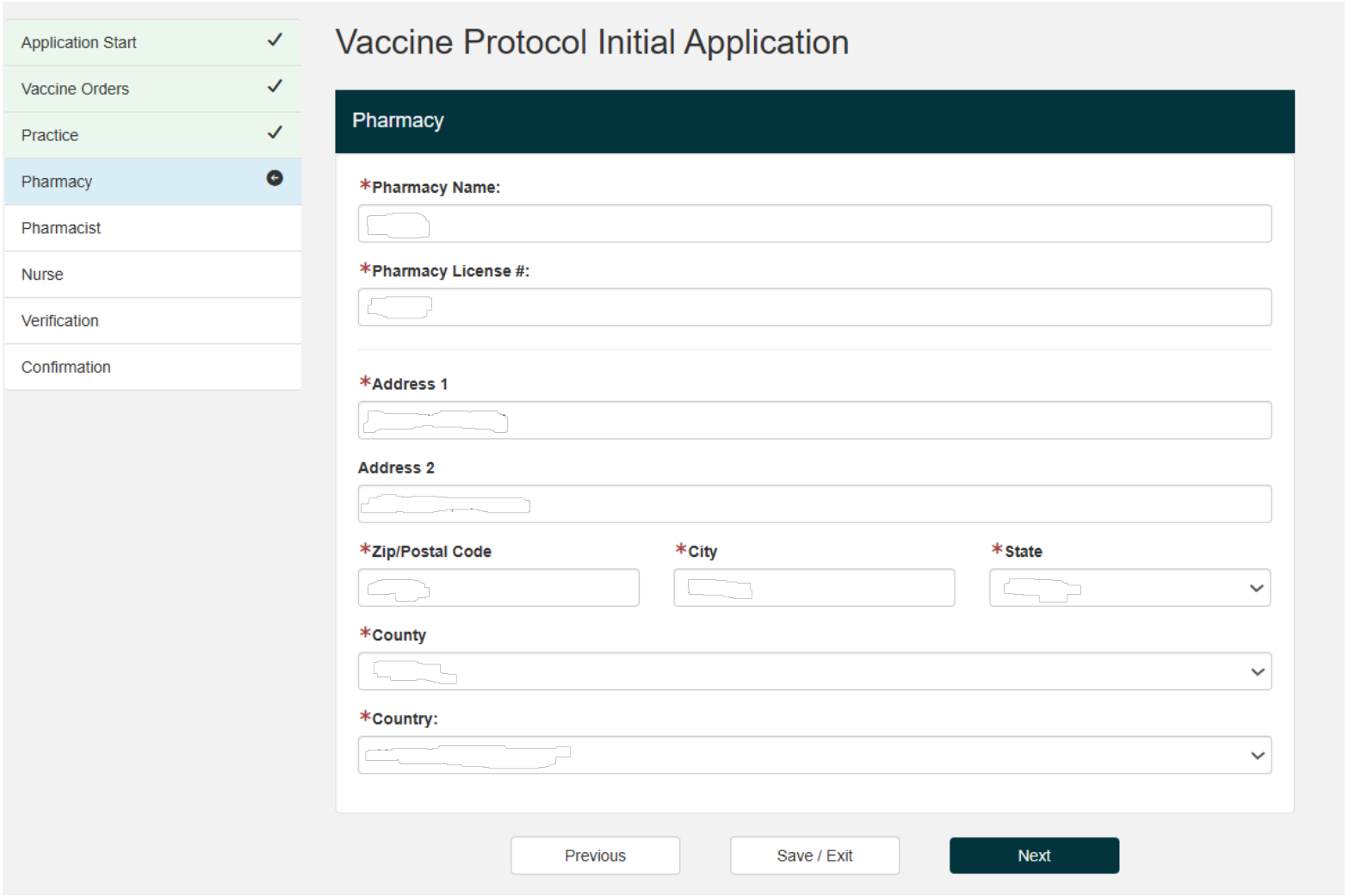
Here you would enter the Pharmacy Name, license number, and address.

Once completed click “Next”.



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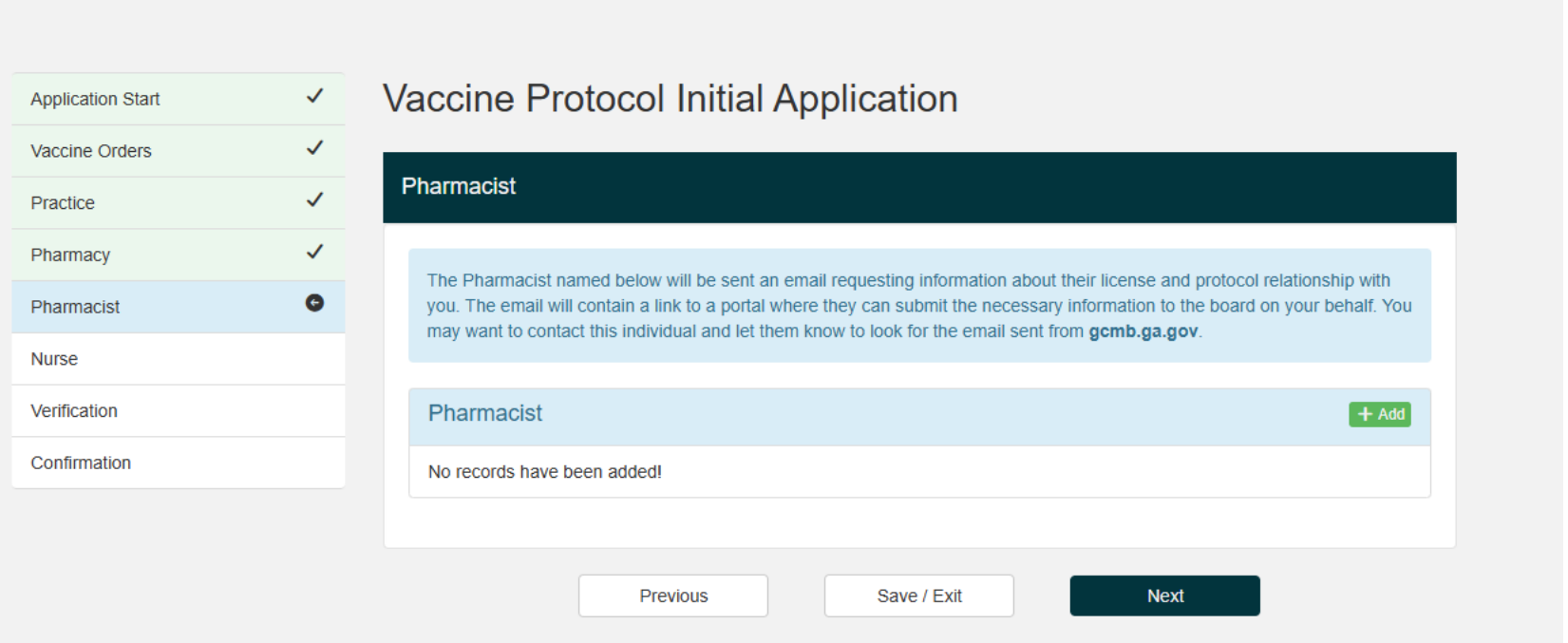
Here is where you will enter the Pharmacist information.

You will need to include ALL Pharmacist that will you will be Delegating at the location.

Once completed click “Submit”.
An email will be sent to the pharmacist



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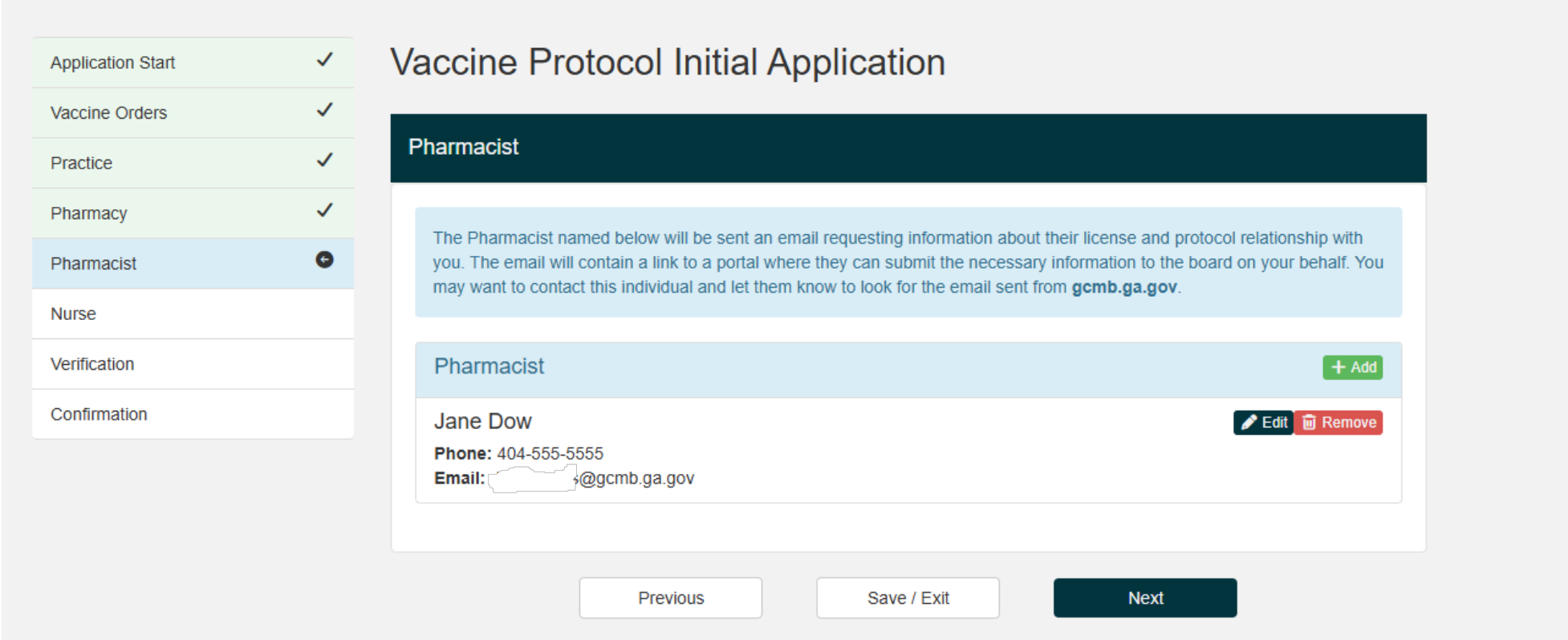
Once you have added ALL Of the pharmacist click “Next”



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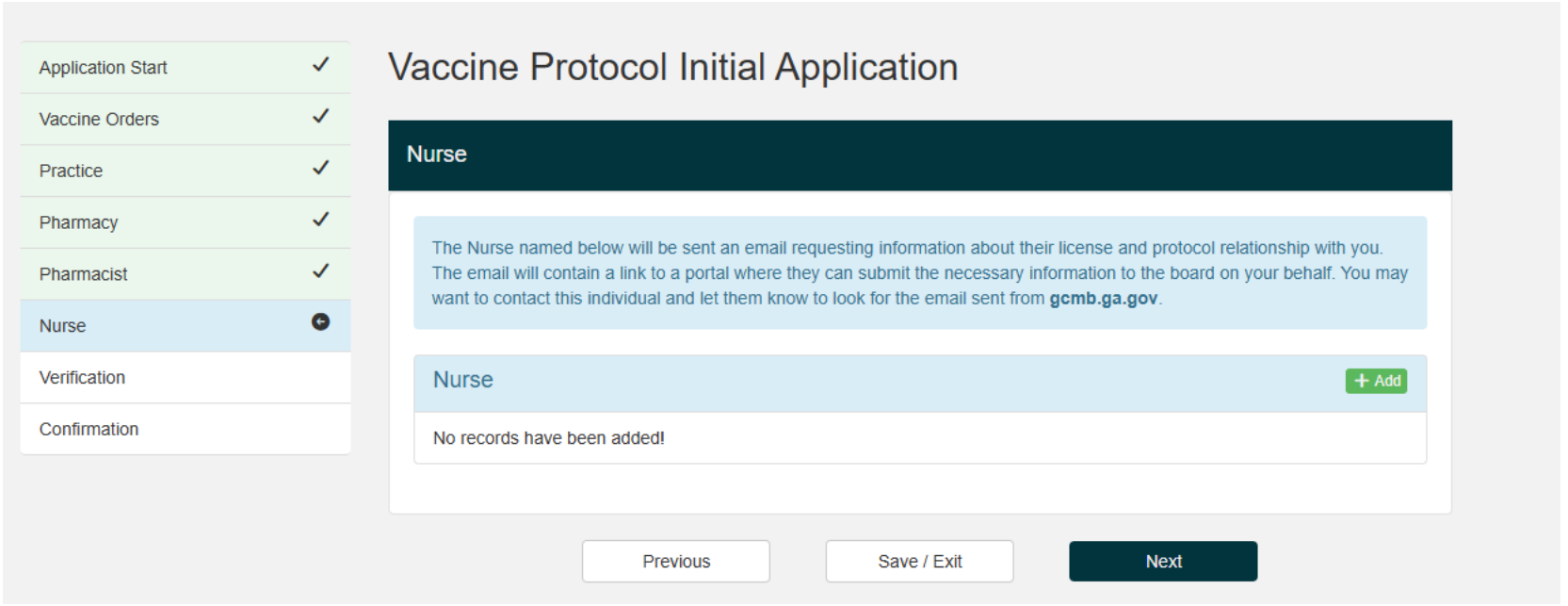
If there will NOT be a nurse used for the purpose Of this Vaccine Protocol Agreement, you can Bypass this by clicking “Next”.

Otherwise enter the information for the nurse the Same as was entered for the pharmacist.

Click “Next”.



Application Start ✓
Vaccine Orders ✓
Practice ✓
Pharmacy ✓
Pharmacist ✓
Nurse ✓
Verification
Confirmation

Vaccine Protocol 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

This Vaccine Protocol Application is submitted pursuant to O.C.G.A. § 43-34-26.1 and Rule 360-34 of the Georgia Composite Medical Board. This written Protocol establishes a delegation agreement between a Georgia-licensed Delegating Physician and participating Georgia-licensed Pharmacist(s) and Registered Nurse(s), all in good standing. The Delegating Physician retains ultimate medical responsibility and provides oversight consistent with Rule 360-34.

The Protocol authorizes administration of vaccines in accordance with current CDC and ACIP recommendations and applicable Georgia law.

Vaccines may be administered to eligible persons thirteen (13) years of age and older, consistent with ACIP age indications. Influenza vaccines and vaccines associated with a declared public health emergency under O.C.G.A. § 31-12-1.1 may be administered to persons age thirteen (13) and older. Patients under thirteen (13) shall be referred to a physician unless presenting a patient-specific prescription. Required parental or guardian consent shall be obtained for minors as applicable. Live vaccines require signed informed consent confirming absence of contraindications. Patients determined ineligible through screening shall be referred to a physician.

Prior to administration, an appropriate patient history and eligibility screening shall be completed and documented. Participating providers shall maintain required emergency supplies onsite, maintain current CPR certification, observe patients for at least fifteen (15) minutes post-vaccination, and provide the applicable Vaccine Information Statement and immunization documentation.

Primary care providers shall be notified within seventy-two (72) hours of administration with documented attempts if necessary. Vaccinations shall be entered into GRITS within fifteen (15) days. Required records, including screening, consent, vaccine details, and any adverse events, shall be maintained for a minimum of two (2) years.

The Delegating Physician shall verify licensure and training of participating providers, remain available for consultation (directly or through an alternate physician), and conduct periodic quality assurance review of records, adverse events, and protocol compliance.

Proof of this Protocol shall be posted at each vaccination site. Required affidavits shall be maintained onsite. This Protocol shall remain valid for two (2) years from the date filed unless revoked or renewed in accordance with Board requirements.

License Type:
Protocol

Application Type:
Vaccine Protocol

Date that you anticipate to begin practicing in Georgia:
04/23/2026

Vaccine Orders

The Physician hereby authorizes the undersigned Pharmacists and/or Nurses to issue vaccine orders for the following vaccines:

All vaccines listed on the ACIP Adult Immunization Schedule
Influenza vaccine administered to an individual 13 years of age or older
Any vaccine for an illness that has resulted in a public health emergency, as defined by O.C.G.A. § 31-12-1.1.

Practices

GCMB

Practice Type: Secondary
Address: 2 Peachtree Street, NW
6th Floor
Atlanta, GA 30334
Fulton
Office Phone: 404 463 0591
Average hours per week in direct patient care: 40
Employment Type: Sole / Individual Practitioner
Employment Setting: Pharmacy-Based Clinic
Practice Activities: vaccine

Physicians

John Dow
Type: Delegating Physician
Specialty: Family Medicine
GRITS Number: 12345678
GRITS County: Fulton
Public Health District: Fulton

GCMB

Practice Type: Primary
Address: 2 MLK Jr Drive SE
11th Floor
Atlanta, GA 30334
Fulton
Office Phone: 404-463-0591
Average hours per week in direct patient care: 40
Employment Type: Corporate / Private Equity Employed
Employment Setting: Pharmacy Based Clinic
Practice Activities: vaccine

Physicians

John Dow
Type: Delegating Physician
Specialty: Family Medicine
GRITS Number: 12345678
GRITS County: Fulton
Public Health District: Fulton

Pharmacy

Pharmacy Name:
GCMB

Pharmacy License #:
91387

Pharmacy Address:
2 MLK Jr Drive SE
East Tower, 11th Floor
Atlanta, GA 30334

Pharmacist

Jane Dow
Phone: 404.555.5555
Email: @gcmb.ga.gov

Nurse

No records have been added

Attestation

* **In utilizing the Georgia Composite Medical Board's license web process, I, John Dow, 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:
4/26/2026 10:18:54 PM

Previous | Save / Exit | Submit

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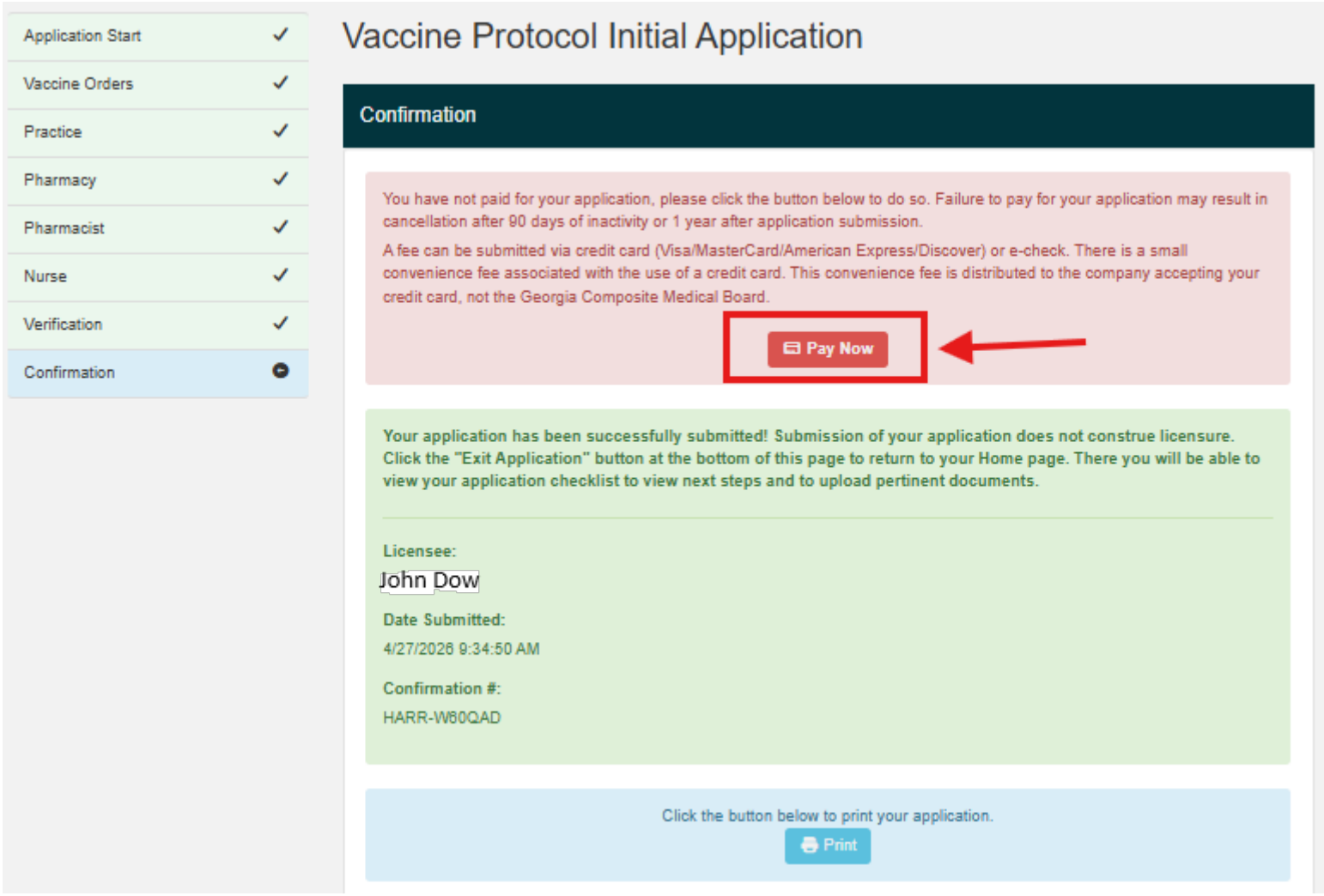
Click on the “Pay Now” button to complete your application process.

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

Payment options will appear Once you click on the “pay now” button



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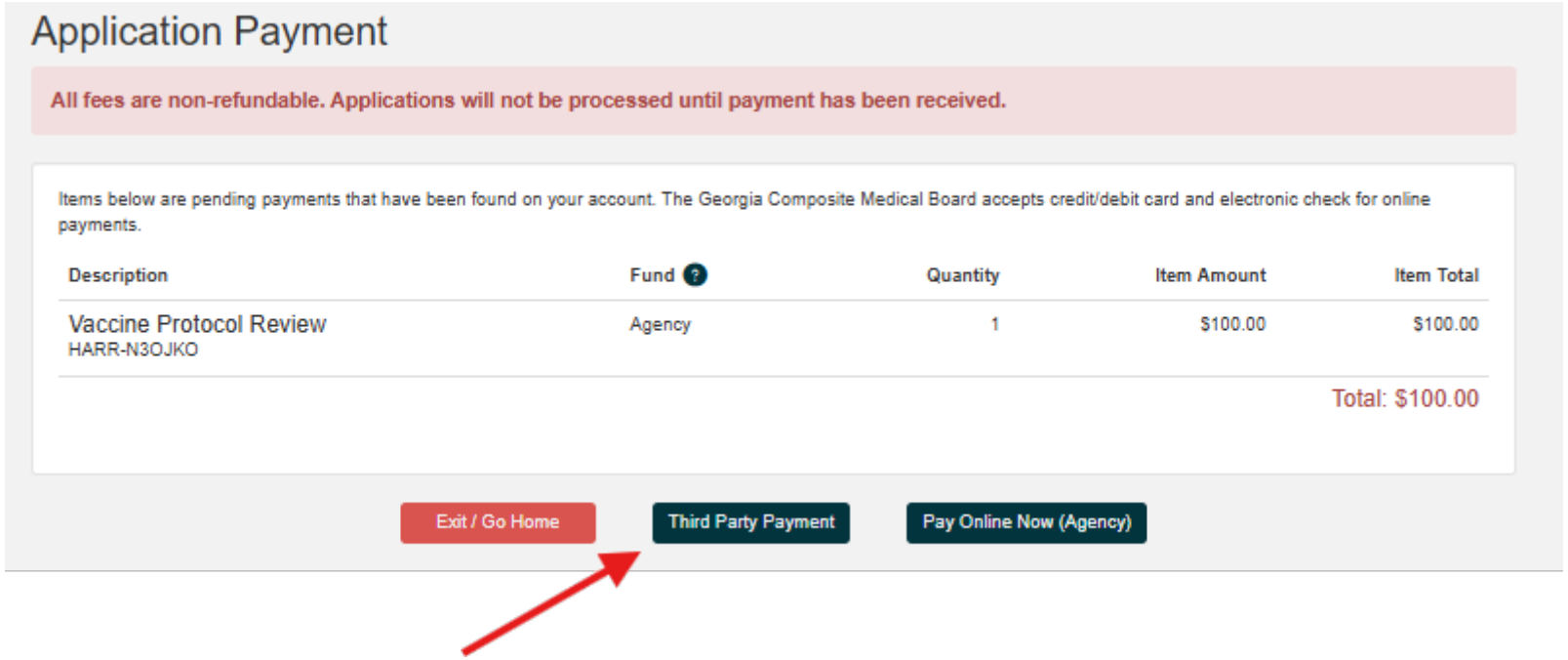
You can pay online by clicking the "pay online now" button.

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



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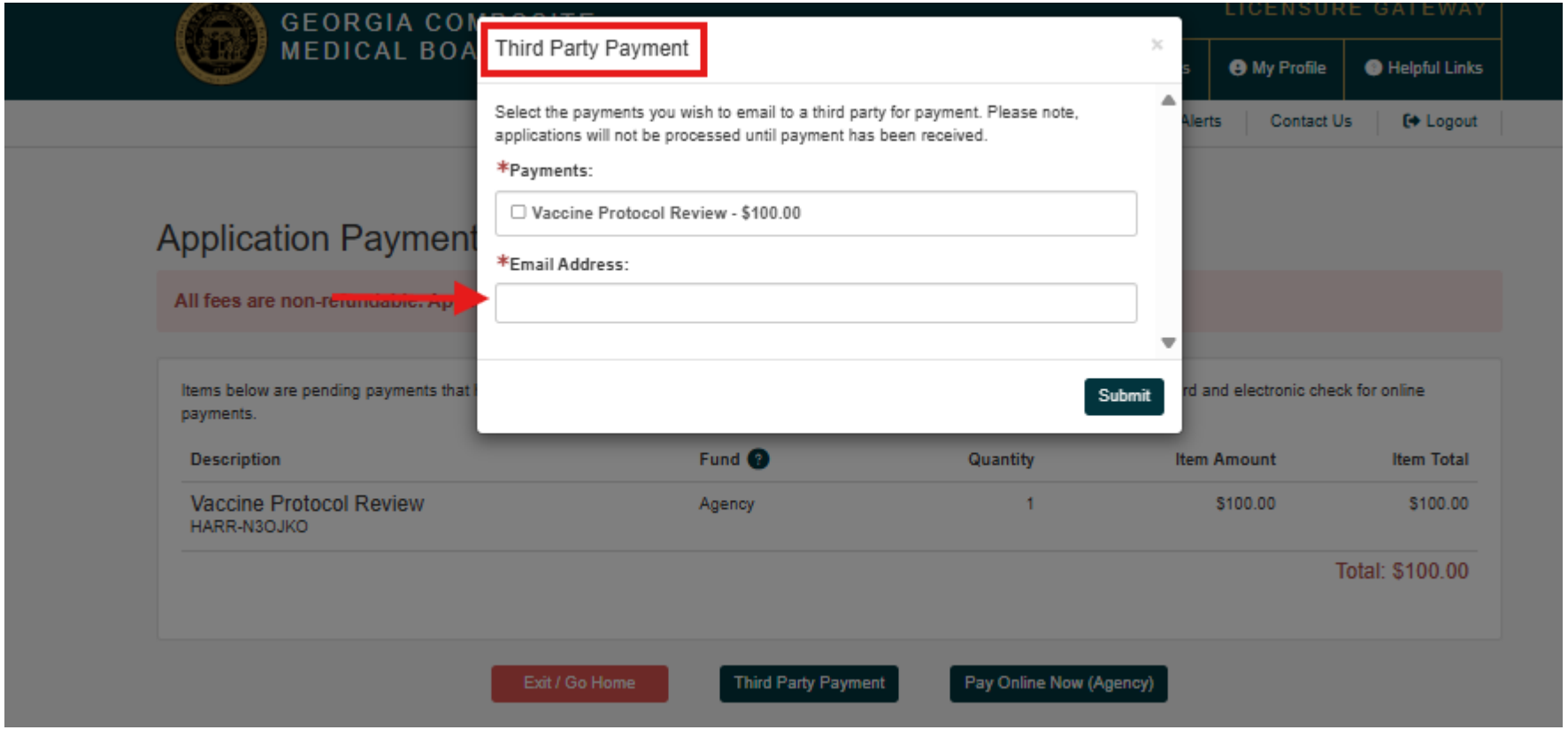
If you use the “Third Party Payment” This window will show.

Click on the Vaccine Protocol and Put the email of the third party you Wish to pay for the application.

Make sure to have the correct email For the recipient prior to submitting.



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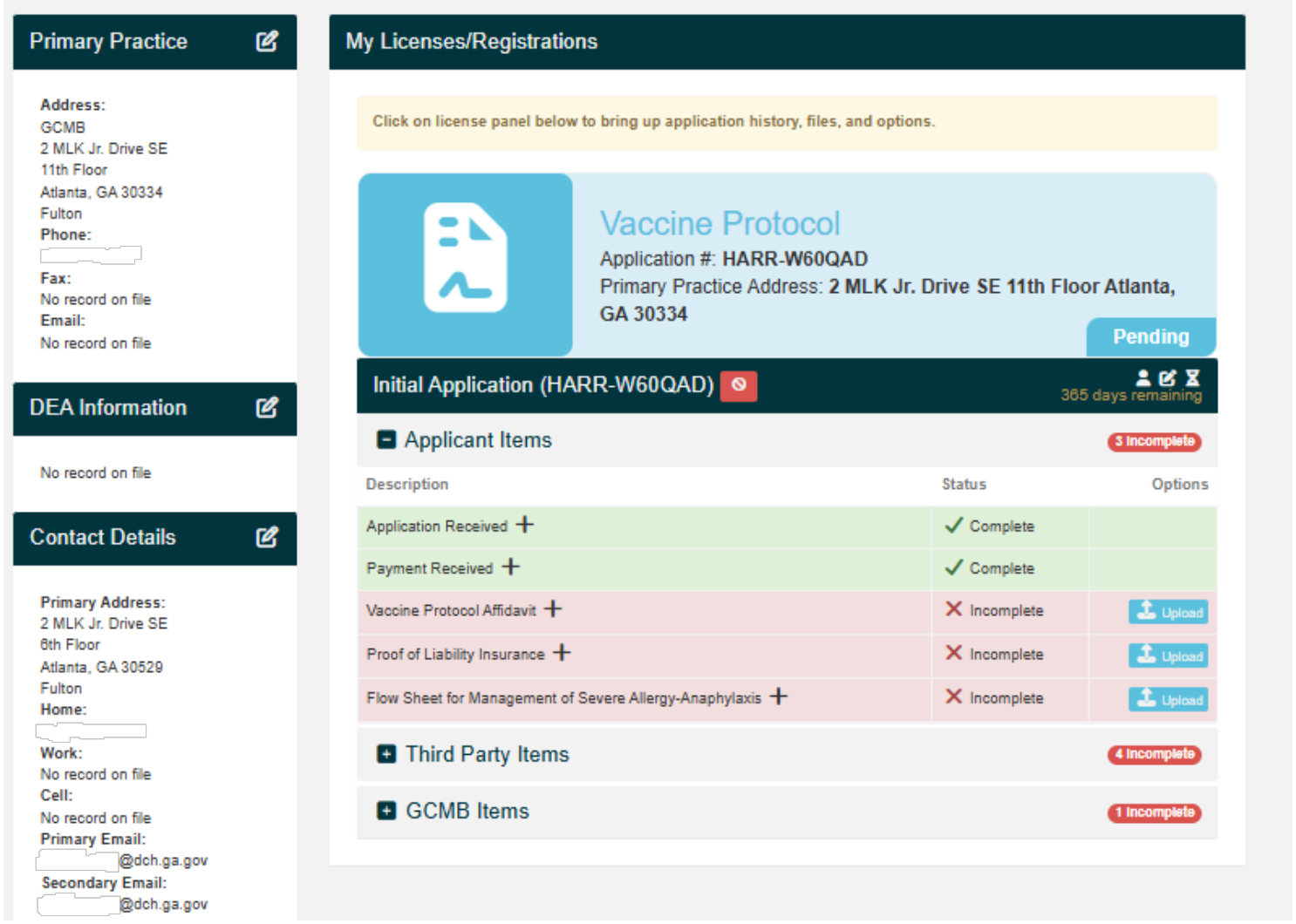
Once payment is made you will have access to This page and the ability to upload your documents.

You can also see who your licensing tech is by Hovering over the “person” icon just below the Word “pending”.

Use https://gcmb.nextrequest.com/
And choose Vaccine Protocol department to Communicate with your licensing tech if needed.



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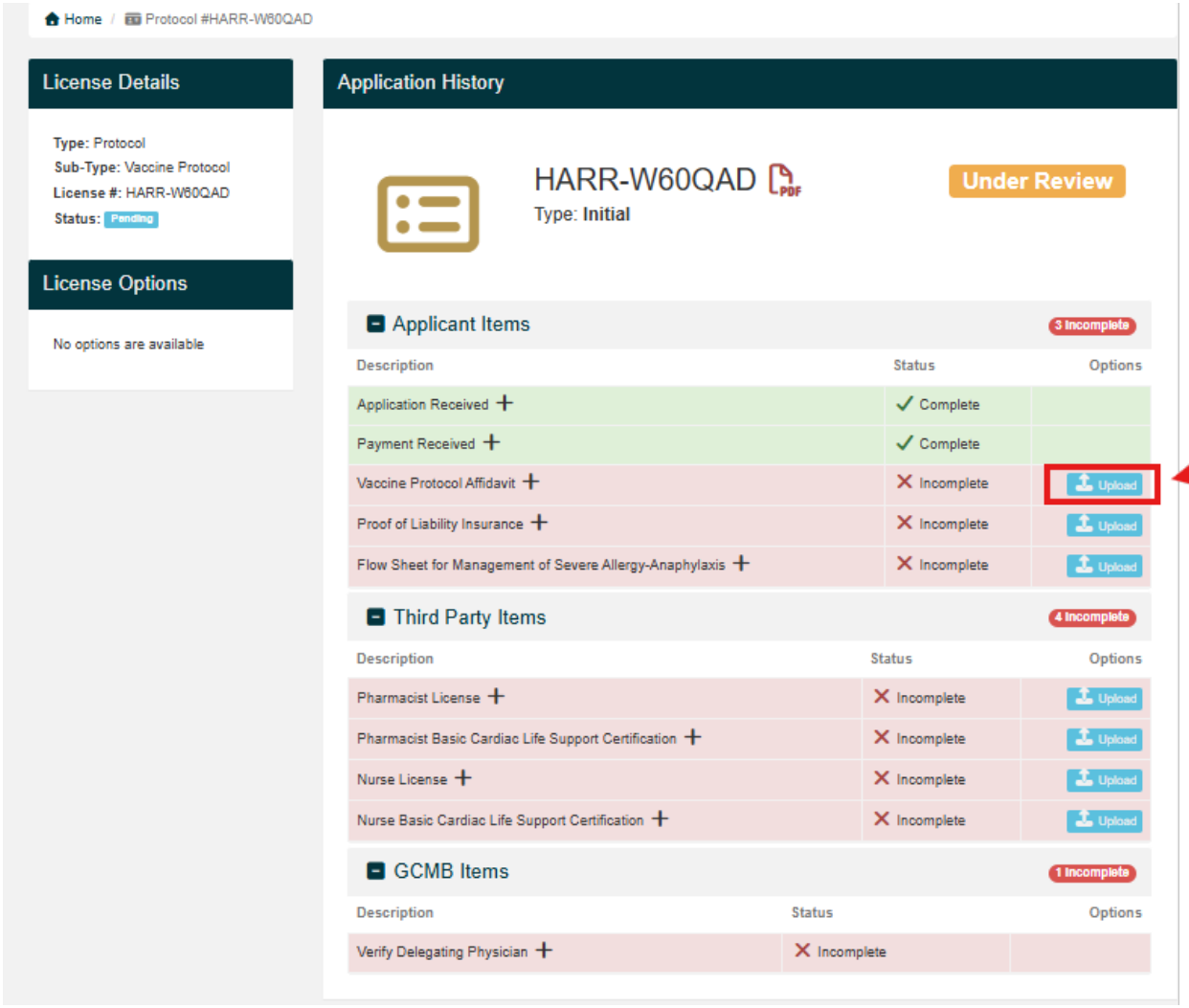
By clicking the + button, you are also able to confirm if all required items are checked off as complete.



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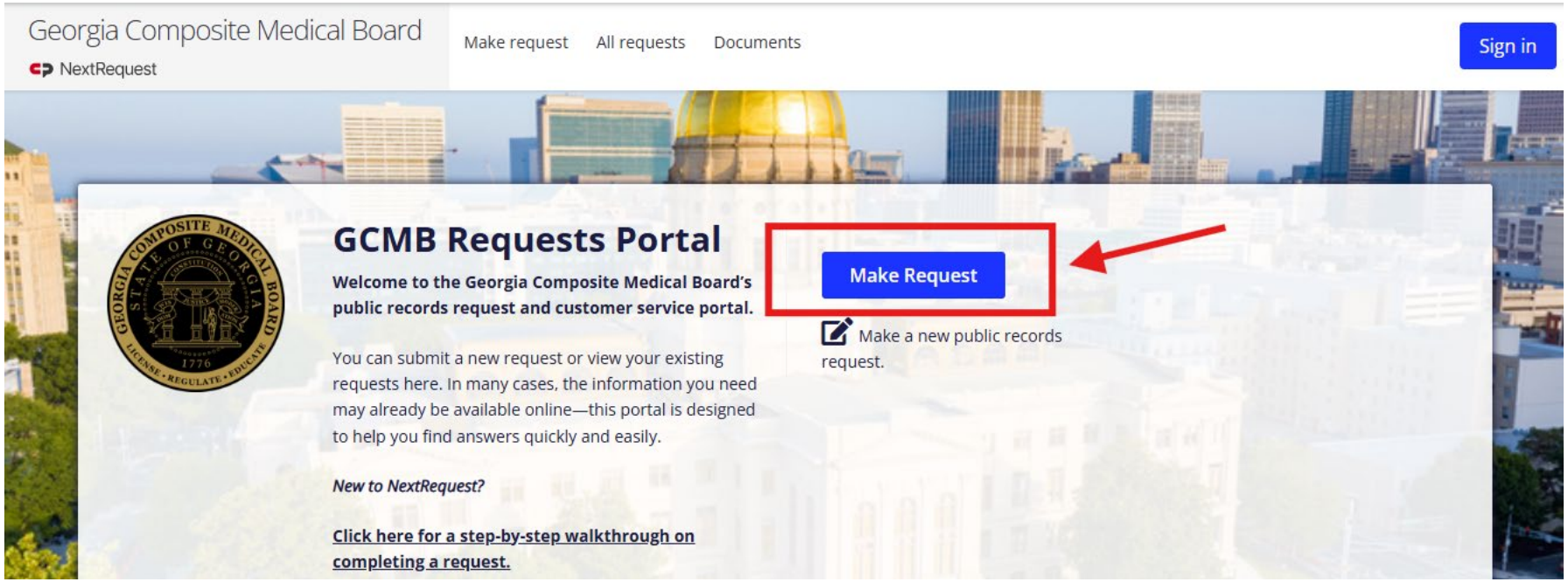
The NextRequest portal https://gcmb.nextrequest.com/ is used for all communications with GCMB license techs. This is so we keep all communications in one place accessible by all GCMB employees. Click on “Make a Request”.