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**Initial Physician Licensure (Graduate of Medical School Outside U.S. and Canada)
Applicants Applying by Mail**

Thank you for submitting your application! Within 7 business days after we have received your completed application and payment, your Applications Specialist will review your application and update your online checklist. You can use this checklist and the attached forms to get started now. If you have a GCMB Online account, you can log in to check your updated application status online any time, day or night. If you do not have a GCMB Online account, ask us to create one for you. **(Note: If you have already sent some or all of these documents to us, you may not need to send them again.)**

Submit the following items to us as soon as possible. They are required of all applicants.

- Your current CV or resume** (also, provide information for any date gaps in the CV or resume)
- Form B**, Reference Form (three references are required)
- Form D**, Affidavit of Applicant
- Form D2**, Affidavit for Medical Board License
- A copy of a secure and verifiable document** from the list following Form D
- Form E**, Malpractice Questionnaire, including documentation of any cases

Submit the following items if you are not using Federation Credentials Verification Service (<http://www.fsmb.org/fcvs.html>).
FCVS users: You do not need to send us these items. They will be provided to the Board by FCVS.

- Official medical transcript**, issued to the Georgia Composite Medical Board. We must receive this either directly from the school, or in an unaltered, unopened, sealed envelope. If it is not in English, include a certified copy of English translation.
- Official licensing examination score transcript**, issued to the Georgia Composite Medical Board. We must receive this directly from the agency providing the transcript or report. You can order USMLE and other national exam score transcripts at <http://www.fsmb.org/transcripts.html>.
- Copy of ECFMG Certificate**. If you were licensed by another state before March 1, 1958, you may submit proof of successful completion of AMA-approved Fifth Pathway Program and ECFMG medical component instead.
- Form A**, Certificate of Postgraduate Training, for each training program you have participated in. We must receive this either directly from the school, or in an unaltered, unopened, sealed envelope.

Submit the following items, if applicable. (Note: Some circumstances may require items not listed here.)

- National Practitioner Data Bank (NPDB) and Health Integrity and Protection Data Bank (HIPDB) Self-Query and Reports**, if you have ever held a license in the US or Canada (not including training licenses). Order it at https://www.npdb-hipdb.hrsa.gov/ext/RulesOfBehaviorSQ.jsp?SUBJECT_TYPE=I.
- Official license verification** from each state, territory, or province of the U.S. or Canada in which you have held any type of medical license, including training, limited, or restricted licenses. We must receive this directly from the licensing authority or from Veridoc (www.veridoc.org). Contact information for other licensing authorities can be found at http://www.fsmb.org/directory_smb.html.
- Military discharge documentation**, if you have ever been discharged from US military service.
- Explanations and documentation** concerning any arrests, convictions, disciplinary actions, licensure denials, etc.
- Form G**, Specific Power of Attorney, if you want to authorize anyone else to make inquiries about your application.

<i>If your last name starts with:</i>	<i>Your Applications Specialist is:</i>	<i>Contact details:</i>
A through G	Johnita Daniel	404-463-6162; jdaniel1@dch.ga.gov
H through O	Candis Dickerson	404-657-6491; cdickerson@dch.ga.gov
P through Z	Deborah Bruce	404-656-7067; dbruce@dch.ga.gov

Licensure Unit Manager: Carol Dorsey (404-651-7854; cdorsey@dch.ga.gov)