

**FORM A**  
**Affidavit of Applicant for Acupuncturist**

Name: \_\_\_\_\_

SS#: \_\_\_\_\_

I acknowledge and state that I have read and am familiar with the Acupuncture Act and rules pertaining thereto. I further acknowledge that I have read and am familiar with the section of the Medical Practice Act and rules regarding the unlicensed practice as an Acupuncturist. By filing this application for licensure as a Acupuncturist in the State of Georgia, I authorize and consent to have an investigation made as to my moral character, professional reputation and fitness to practice as an Acupuncturist. I agree to give any further information, which may be required in reference to my past record. I understand that I will not receive a copy of the report or know its content and I further understand that the contents of the investigative report will be privileged unless determined otherwise by the Board or Court Order.

I authorize and request every person, hospital, clinic, community, governmental agency (local, state Federal or foreign) court, association, institution or any other organization having control of any documents, records or other such information pertaining to me, to furnish to the Georgia Composite Medical Board any such documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and permit the Georgia Composite Medical Board or any of its agents or representatives to inspect and make copies of such documents, records or other information, in connection with this application, subsequent to practice thereunder.

I understand that it is my personal responsibility to keep the Georgia Composite Medical Board informed of my employment and obtain prior permission for a change-of-employment where required by the Acupuncture Act or the rules of the Georgia Composite Medical Board. I also understand that it is my responsibility to keep the Medical Board informed of any change-of-address so that I may receive renewal notices and other correspondence from the Board.

I hereby release, discharge, and exonerate the Georgia Composite Medical Board for any and all liability of every nature and kind arising out of the furnishing or inspections of such documents, records or other information or any investigation made by the Georgia Composite Medical Board to release information, material, documents, orders or the like relating to me or to this application to any other agency or any other agency of the State of Georgia, the medical licensing agency of any other state or territory of the United States, or Province of Canada, the Federation of State Medical Boards, or the U.S. Inc. law enforcement agency, hospital or other appropriate agencies as determined by the Board.

**I hereby swear or affirm under penalties of perjury that all statements made by me in this application and any attachments hereto and made a part hereof are true and correct.** I understand that to knowingly make any misleading, deceptive, untrue, false or fraudulent statement in obtaining a license, violates O.C.G.A. § 43-34-46 and 43-1-19-(a)(2). I understand that making any false sworn statements to the Board may constitute the felony offense of false swearing under O.C.G.A. § 16-10-71. I also understand that practicing acupuncture or auricular detoxification therapy without a license and falsely presenting myself to the public as licensed to practice violates O.C.G.A. 43-34-71 and 72.

\_\_\_\_\_  
**Print Name of Applicant**

**CURRENT PHOTOGRAPH**

**APPROXIMATE SIZE 2" X 4"**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**City,**

\_\_\_\_\_  
**County**

\_\_\_\_\_  
**State**

**Being duly sworn and says, that he/she is the person who executed the above application; and that all statements herein contained are true and that the attached Photo is a true photo of the applicant.**

Sworn and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

**Notary Public** \_\_\_\_\_ **My Commission Expires:** \_\_\_\_\_.

\_\_\_\_\_  
**Notary Name**

\_\_\_\_\_  
**Date**

O.C.G.A. § 50-36-1(e)(2) Affidavit for **Professional Medical Board License**

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:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ 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(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:  
\_\_\_\_\_.

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).

**1109 – ACUPUNCTURE**  
**PROFESSION TYPE**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant - (Print legibly)

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

## **Secure and Verifiable Documents Under O.C.G.A. § 50-36-2**

Issued August 1, 2011 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]
- 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)]