FORM B
STATE BOARD LICENSE VERIFICATION

INSTRUCTION: Original verifications of license history certification is required for each permanent, temporary, training, provisional, or limited license obtained in any state in the US or Canadian territory, Canadian province, or US Federal jurisdiction. The issuing authority should mail the verification to the Medical Board. If licensed by examination, give the state.

Section I: To be completed by applicant. This form should be sent to each state in which you are now or ever have been licensed to practice medicine. This form may be photocopied.

TO: _____ Board of Examiners

I am applying for a Volunteer in Medicine License. The Georgia Composite Medical Board requires that your Board complete this form in order that my application may be considered. By signing this form, I give my consent to the release of any information, favorable or otherwise, for its review, in considering me for licensure. Please mail the completed form as soon as possible to the Board at the address listed below.

My license number: _____was issued by your Board on _____ on the basis of

☐ State Board Exam ☐ FLEX ☐ National Board ☐ National Osteopathic ☐ LMCC ☐ USMLE

FULL NAME _____ STREET ADDRESS _____ APT. NO.

SIGNATURE _____ CITY _____ STATE _____ ZIP _____

Section II: This Section To Be Completed By An Official Of The Above Referenced Licensing Board.
Do Not Return This Form To Physician.

ATTN: PHYSICIAN LICENSURE
Georgia Composite Medical Board
2 Peachtree Street, N.W., - 36TH FLOOR
Atlanta, Georgia 30303

Medical License Number _____ to practice medicine and surgery in the

State of _____ was issued on _____ to Dr. _____.

Is license current and in good standing? ☐ Yes ☐ No

Has any disciplinary action ever been taken against this physician? ☐ Yes ☐ No

PLEASE PROVDE COMPLETE DETAILS, INCLUDING COPIES OF ANY DOCUMENTS.

_____ _____
Signed Date

_____
Title

BOARD SEAL MUST BE IMPRINTED HERE

_____
State Board