

2024-2025 Residency Training Permit
NOTARIZED AFFIDAVIT
(for NON-US Citizen - Only)
RENEWAL - Only

Institution Name:

Residency Training Program Name:

Name of Resident:

Permit #:

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: (Choose only ONE option.)

- 1) _____ I am a legal permanent resident of the United States.
- 2) _____ 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, with this affidavit.

REQUIRED: The secure and verifiable document provided with this affidavit can best be classified as:

_____.

(List type of document being verified by Notary – I-551, I-94, DS-2019, etc.)

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).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ DAY OF _____, 20_____

NOTARY PUBLIC My Commission Expires:

