



Log in to submit your application online at <http://tinyurl.com/MedicalBoardLogin>.

Or scan here:

## Physician Licensure: Reinstatement of Lapsed or Inactive License (Applicants Applying by Mail)

**Thank you for submitting your application!** Within 7 business days after we have received your mailed application and payment, your Applications Specialist will review your application and advise you of your application status. You can use this checklist and the attached forms to get started now. If you have a GCMB Online account, you can log in periodically to review your application status any time, day or night. If you do not already have GCMB Online account, you can 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. Forms without original signatures and dates will not be accepted.**

- Reinstatement Application.** (Complete all 4 pages, and include supplemental pages as necessary.)
- Form B**, Reference Form. (Two references are required.)
- Form D**, Affidavit of Applicant. (*Keep a copy of this form as a release for third parties, if they require one.*)
- Form D2**, Affidavit for Medical Board License.
- A copy of a secure and verifiable document** from the list following Form D2.
- Form E**, Malpractice Questionnaire, including documentation of any cases.
- A copy of your current CV or resume.** (*Also, provide information for any date gaps in the CV or resume.*)
- National Practitioner Data Bank (NPDB) and Health Integrity and Protection Data Bank (HIPDB) Self-Query and Reports.** You can order it at [https://www.npdb-hipdb.hrsa.gov/ext/RulesOfBehaviorSQ.jsp?SUBJECT\\_TYPE=I](https://www.npdb-hipdb.hrsa.gov/ext/RulesOfBehaviorSQ.jsp?SUBJECT_TYPE=I).
- Proof of continuing medical education credits (see table for number of required credits). Copies are acceptable.**  
The credits must have been earned within the past two years and be designated as one of the following: AMA or AOA Category 1, AAFP Prescribed Credit, ACPB Cognates Category 1, or ACEP CAT Category 1. You must submit a minimum of:
  - **40 hours**, if your license expired 6 or fewer months before you applied for reinstatement.
  - **60 hours**, if your license expired between 6 months and 12 months before you applied for reinstatement.
  - **80 hours**, if your license expired more than a year before you applied for reinstatement.

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

- 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](http://www.veridoc.org)). Contact information for other licensing authorities can be found at [http://www.fsmb.org/directory\\_smb.html](http://www.fsmb.org/directory_smb.html). Use a copy of **Form D** as a release form, if the other state requires one.
- A copy of your 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.

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**If your last name starts with:**

**Your Applications Specialist is:**

**Contact details:**

**A through G**

Kia Hargrove

404-463-6162; [khargrove@dch.ga.gov](mailto:khargrove@dch.ga.gov)

**H through O**

Candis Dickerson

404-657-6491; [cdickerson@dch.ga.gov](mailto:cdickerson@dch.ga.gov)

**P through Z**

Deborah Bruce

404-656-7067; [dbruce@dch.ga.gov](mailto:dbruce@dch.ga.gov)

**For licensure renewal questions, contact the Renewals Desk instead, at 404-651-7854 or [cdorsey@dch.ga.gov](mailto:cdorsey@dch.ga.gov).**

# Manage your application online on your schedule.



Even if you choose to apply by mail, you can manage your license application online. You can check your application status, see what is still needed to make it complete, and change your contact information on your timetable. Once you are licensed, you can log in to renew your license, change your contact information, complete your mandatory physician profile, purchase a wall certificate of your license, and more.

If you do not already have a GCMB Online Services account, you can get one by sending this form with your application. If you already have a GCMB Online Services account, you can log in to our secure site with your unique user ID and password. (If you don't remember how to log in, please let us know.)

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## REQUEST FOR GCMB ONLINE SERVICE ACCOUNT

### Section I

Please create a GCMB Online Services account for me, using the following email address as my user ID:

\_\_\_\_\_

I already have a GCMB Online Services account, but I don't remember my user ID or password. Please tell me how to log in to manage my application and license.

My user ID is an email address I no longer have access to. Please reset my user ID.

My current user ID is: \_\_\_\_\_

Please make my user ID the following email address: \_\_\_\_\_

### Section II

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

Georgia physician license number: \_\_\_\_\_ **OR** Social Security number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_