

# GEORGIA COMPOSITE MEDICAL BOARD



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## **INITIAL APPLICATION FOR RESPIRATORY CARE PROFESSIONAL LICENSURE GENERAL INFORMATION**

### **APPLICATIONS WILL NOT BE REVIEWED WITHOUT APPLICATION FEE**

Application Fee: **\$150.00**; Make check/money order payable to: **Georgia Composite Medical Board.**

**Respiratory Care Professional Licensure applications are valid for one-year from date of receipt.**

### **FALSIFICATION/MISREPRESENTATION**

Please be aware that falsification or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying or revoking a license.

Please read all application materials and instructions carefully. It takes approximately four (4) to six (6) weeks to obtain a license in Georgia. Please visit the Frequently Asked Questions (FAQ's) on our website at [www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov) for additional information regarding the processing of your application. In order for an application to go before the Medical Board for approval, it must be received as completed **five (5) business days** before the next monthly board meeting date. An application is complete when all primary source documentation has been received and reviewed, your application has met all administrative screenings, and a final quality assurance review has been completed on your application.

Applications are reviewed in date order of receipt. Submit all required documentation as soon as possible; however, without the application and fee, staff cannot begin the initial review of your application. It is recommended that applicants wait **10 business days**, or until receipt of a deficiency letter, to contact the staff by phone regarding the status of their application. It is imperative for applicants to understand that the review process is guided by the requirements set forth in State law, which does not provide for any waivers to be granted by staff.

**EMPLOYMENT IN GEORGIA. It is strongly recommended that you DO NOT accept employment to practice in Georgia until your Georgia license number has been issued.**

### **INTERNET DISCLOSURE OF ADDRESS**

Georgia law requires the **Georgia Composite Medical Board** to provide, upon written or verbal request, an address for each licensed respiratory care professional. Public-record information pertaining to licensed respiratory care professionals is available to the public through the Board's website ([www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov)).

The release of this information has highlighted the need for respiratory care professional to carefully consider the address they provide to the Board as their address of record. Please be aware that the address you indicate as your address of record will be the address disclosed to all individuals making inquiries and will be utilized to mail all licenses, renewal notices, and other official correspondence from the Board. The Practice Location will be posted on the Internet.

You may choose your home address or your office address to be your address of record. If you list a P.O. Box as your primary address, you must also provide a secondary street address that will remain confidential. Georgia law requires that the Board be kept informed of any changes of address. Changes should be submitted in writing to the above address, and should include the license number, name, old address and new address.

### **CONTACT INFORMATION**

Please contact (404) 463-2292 regarding information on your application.

# **INITIAL APPLICATION FOR RESPIRATORY CARE PROFESSIONAL LICENSURE - CHECKLIST**

The CHECKLIST is intended to assist you with the filing of a complete application. Read all instructions on each page carefully and utilize the checklist as you are filling out the application. All items listed that apply to your situation must be submitted in order for your qualifications for licensure to be assessed. When submitting copies of documents, please ensure they are **8-1/2 x11-inch copies** of the original. *Do not submit two-sided copies of the application or documentation.* For quality and confidential purposes, facsimiles of application materials are not accepted. All application material must be original, unaltered, and official where required.

**APPLICATION PAGES 1 – 5 – Please complete.** Attach to Page 1 your check/money order for \$150 made payable to: Georgia Composite Medical Board.

**CV/RESUME**  
The Georgia Composite Medical Board requires that applicants for licensure provide Curriculum Vitae. This document should be a chronological representation of all **education and employment, including your present position.** **Give a complete chronological accounting of any gaps in training or experience.**

**FORM A - EDUCATION VERIFICATION FORM**  
Forward this form directly to your Respiratory Therapy Program for completion and request that the form be mailed directly to the Georgia Composite Medical Board.

**FORM B - REFERENCE FORM**  
In order for the Georgia Composite Medical Board to adequately evaluate the applicant to practice as a Respiratory Care Practitioner in the State of Georgia, a reference form is required. The reference form must be completed and signed by a **licensed physician** with whom the **applicant practices with at the time of application, or who is in charge of the Respiratory Program.** This form must be mailed **directly from the physician to the Georgia Composite Medical Board.**

**FORM B11 - REFERENCE FORM – PROSPECTIVE EMPLOYER**  
**If a Medical Director Reference Form cannot be submitted, a Prospective Employer's Reference Form may be submitted instead.** The reference form must be completed and signed by a **licensed physician** with whom the **applicant practices with at the time of application, or who is in charge of the Respiratory Program.** This form must be mailed **directly from the physician to the Georgia Composite Medical Board; however, you are NOT ALLOWED TO PRACTICE respiratory care in Georgia UNTIL you have been advised by the Board that YOU HAVE BEEN GRANTED a respiratory care license.**

**FORM C - LICENSURE VERIFICATION FORM**  
This form should be sent to each state where you hold or have held a license/certificate to practice Respiratory Care. **Copy this form and send it to each medical state licensing board and request that state verification be sent directly to the Georgia Composite Medical Board.**

**FORM D - NBRC CREDENTIALS VERIFICATION FORM**  
Complete this form and send directly to the National Board for Respiratory Care. Request that this form be sent directly to the Georgia Composite Medical Board.

**FOR APPLICANTS WHO ARE NOT U.S. CITIZENS:**  
If you are not a U.S. citizen, you must submit documentation that will determine if you have a qualified alien status. The Board participates in the **DHS-USCIS SAVE** (Systematic Alien Verification for Entitlements or "SAVE") program for the purpose of verifying citizenship and immigration status information of non-citizens.

In order to confirm your status with the SAVE program, you need to provide the board with **legible** copies of **one** of the following document(s):

1. Valid (not expired) foreign passport with I-94 or I-551
2. Temporary resident alien card (I-688)
3. Permanent resident alien card (I-551)
4. Employment Authorization Card (I-766) or (I-688A)
5. Employment Authorization Document (I-688B)
6. Refugee Travel Document (I-571)
7. Reentry Permit (I-327)
8. Certificate of Citizenship
9. Naturalization Certificate
10. Machine Readable Immigrant Visa (with Temporary I-551 Language)
11. Temporary I-551 Stamp (on passport of I-94)
12. I-94 (Arrival/Departure Record)
13. I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)

14. DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

**Please be sure that copies of any submitted documents are legible.** Use a good quality copier and increase the size of the copy if need be. If the following information is needed, it must be legible: Alien Number; Card Number; Document Expiration Date; SEVIS ID Number. One or all of these numbers or dates may be required when we submit your information to SAVE. If we cannot read what you have submitted, we will be unable to submit your information to the SAVE program, which will delay the consideration of your application.

**FORM F - AFFIDAVIT OF APPLICANT**

Read this form in its entirety and complete all areas. **A current passport photo is required to complete this form.** Do not submit photos from digital reproductions, magazine, yearbook, wedding, birthday, family outing, etc. Take this form to a notary public for witness of your signature. **The applicant's signature date and the notary signature date must match. No whiteouts or strikeouts are accepted.**

**Notarized Affidavit that you are a United States Citizen, a legal permanent resident of the United States, or that you are a qualified alien or non-immigrant under the Federal Immigration and Nationality Act. If you are not a U.S. citizen, you must submit documentation that will determine if you have a qualified alien status. The Board participates in the DHS-USCIS SAVE (Systematic Alien Verification for Entitlements or "SAVE") program for the purpose of verifying citizenship and immigration status information of non-citizens. If you are a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, you must provide the alien number issued by the Department of Homeland Security or other federal immigration agency.**

**This Affidavit form may be found on our website as page 2 of Form F.** This form must be signed, dated and notarized.

**Verifiable Document. Send along with your Notarized Affidavit, at least one secure and verifiable document. For a listing of acceptable verifiable documents, see Page 3 of Form F.**

**NATIONAL PRACTITIONER DATA BANK (NPDB)/HEALTHCARE INTEGRITY AND PROTECTION DATA BANK (HIPDB)**

These data banks are mandated by Congress to track regulatory Board disciplinary actions and certain actions resulting from peer review and malpractice payments. This is to advise you that you must **self-query** the NPDB and the HIPDB on your own as part of the application process for a Georgia medical license. Simply query the data bank using the Internet address at <https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp> then click on Place a Self-Query Order, or call 1-800-767-6732 from 8:30 am to 6:00 pm EST (8:30 to 5:30 on Fridays). When you receive the response, **do not open the envelope – send the envelope, unopened, directly to the Board along with your application packet. Altered envelopes which contain official, original, certified official documents will not be accepted.**

**You do not have to submit this NPDB-HIPDB report if:**

- **You are presently unlicensed in any state;**
- **You have only held a temporary, limited or training license.**
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**MILITARY DISCHARGE FORM.**

If you served in the Armed Forces and received a discharge (honorable or dishonorable), provide the **Georgia Composite Medical Board** with a copy of the discharge form.