

GEORGIA COMPOSITE MEDICAL BOARD



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INITIAL APPLICATION EDUCATIONAL TRAINING CERTIFICATE GENERAL INFORMATION

APPLICATIONS WILL NOT BE REVIEWED WITHOUT APPLICATION FEE

Application Fee: **\$250.00**; Make check OR money order payable to: *Georgia Composite Medical Board*.

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. In order for an application to go before the Georgia Composite Medical Board for approval, it must be received as “completed” **5 (five) business days** before the next monthly board meeting date. Completion of an application is 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.

EDUCATIONAL TRAINING CERTIFICATE applications are valid for 1-year from date of receipt.

EDUCATIONAL TRAINING CERTIFICATES issued are valid for 3-months. Any out-of-state physician needing additional time for an educational training certificate must reapply for an additional certificate.

INTERNET DISCLOSURE OF ADDRESS

Georgia law requires the Georgia Composite Medical Board to provide, upon written or verbal request, an address for each licensed individual. Public-record information pertaining to licensed individuals is available to the public through the Board’s website, www.medicalboard.georgia.gov

The release of this information has highlighted the need for individuals 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.

EDUCATIONAL TRAINING CERTIFICATE– 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 a certificate to be assessed. When submitting copies of documents, please ensure they are **8-1/2 x 11 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 1-2 – Please review and complete all pages.**
Attach to Page 1 your check or money order for \$250 made payable to: Georgia Composite Medical Board.
- APPLICATION PAGE 3 - 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.**
- APPLICATION PAGE 4 – EDUCATIONAL TRAINING CERTIFICATE REQUEST FORM**
To be eligible for an educational training certificate, an applicant must complete this form **signed by the sponsor of the program**, certifying that the applicant is or will be enrolled in the program. The Board approved school shall state the expected duration of the applicant's appointment, and shall notify the Board of the termination of the appointment.
- Form E - Affidavit for Educational Training Certificate.**
- A copy of a secure and verifiable document from the list following Form E.
- Form G1 – Specific Power of Attorney Form –**
WE WILL DISCUSS APPLICATION STATUS WITH THE APPLICANT ONLY, UNLESS A SPECIFIC POWER OF ATTORNEY AFFIDAVIT IS ON FILE WITH THE BOARD. Applications are confidential pursuant to State law. Therefore, application status updates must be obtained from the applicant. Please inform all hospitals, employers, recruiters, referral companies, family members, or insurance companies that application status updates must be obtained from you. A Specific Power of Attorney Form is included with the application packet for your use, if you want an agency or other individuals who you designate to handle the application process. The Specific Power of Attorney form must be **signed and notarized** in order to be accepted by the Medical Board.
- CV/RESUME**
The **Georgia Composite Medical Board** requires that applicants for an Educational Certificate provide a Curriculum Vita. 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.** (Also, provide information for any date gaps in the CV or resume.)
- 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). Contact information for other licensing authorities can be found at http://www.fsmb.org/directory_smb.html. Use a copy of **Form D** as a release form, if the other state requires one.
- National Practitioner Data Bank (NPDB) and Health Integrity and Protection Data Bank (HIPDB) Self-Query and Reports**, if you have ever held a license in the US or Canada (not including training licenses). You can order it at https://www.npdb-hipdb.hrsa.gov/ext/RulesOfBehaviorSQ.jsp?SUBJECT_TYPE=I.