



DO NOT SUBMIT APPLICATION WITHOUT ALL THE FOLLOWING:

- **Application form**, with all questions answered completely and accurately.
- **Application fee (\$500.00)**: check or money order payable to Georgia Composite Medical Board.
- **Current CV or Resume**, along with information for any date gaps in the CV or resume.
- **Form B**: Reference Form. Three references are required; each should be in a sealed envelope that the reference has signed across the back flap.
- **Form D**: Affidavit for Applicant (original, Notarized form; Sign and Dated with passport photo)
- **Form D2**: Affidavit for Medical Board License (original form; must be notarized, signed, and dated).
- A copy of a **secure and verifiable document** from the list following **Form D2**.
- **Form E**: Malpractice Questionnaire, including documentation of any cases.
- **Military discharge documentation**, if you have ever been discharged from US military service.
- **Explanations and documentation** of any arrests, convictions, disciplinary actions, license denials, etc.
- **Federation Credentials Verification Service receipt** (see below if you are not using FCVS)
- **Form G**: Specific Power of Attorney, if you are authorizing GCMB to discuss your application with someone other than the applicant.

Submit the following items if you are not using Federation Credentials Verification Service

- **Official transcript from your medical school**, issued to the Georgia Composite Medical Board.
- **Notarized translation of your medical school transcript**, if the official transcript is not in English.
- **Official licensing examination score transcript** issued to the Georgia Composite Medical Board, or proof you have ordered the transcript for electronic delivery to GCMB.
- **Form A**: Certificate of Postgraduate Training, for each training program you attended. Each form should be in a sealed envelope that a training program representative has signed across the back flap.
- **A copy of your ECFMG certificate**, if you graduated from a medical school located outside the United States or Canada.

Submit the following items if you have ever held a license to practice medicine

- **National Practitioner Data Bank (NPDB) and Health Integrity and Protection Data Bank (HIPDB) Self-Query and Reports**
- 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 (If you ordered a license verification from Veridoc, submit a printed copy of the receipt showing the state or states you ordered).

PLEASE SUBMIT ALL ITEMS, ALONG WITH THIS PAGE, TOGETHER IN IN ONE ENVELOPE