



## **PAIN MANAGEMENT CLINIC RENEWAL CHECKLIST**

### **FEE INFORMATION**

- Make your check or money order payable to: **Georgia Composite Medical Board.**
- NO RENEWAL APPLICATION WILL BE PROCESSED WITHOUT THE RENEWAL FEE.
  - TIMELY RENEWAL APPLICATION FEE**                      \$ 500.00 - For **each** pain clinic location  
(BEFORE 6/30/2019)
  - LATE RENEWAL APPLICATION FEE**                      \$1,000.00 - For **each** pain clinic location  
(late renewal period: 7/1/2019 - 9/30/2019)

### **RENEWAL APPLICATION INFORMATION**

- PRINT OR TYPE LEGIBLY.** Complete all information and make sure the application is legible. No whiteouts or strikeovers will be accepted.
- IF YOU OWN MORE THAN ONE PAIN CLINIC, AN **ORIGINAL** RENEWAL APPLICATION IS REQUIRED FOR **EACH LOCATION.**
- PAGES 1-2. Pain Management Clinic Office Information.** Print or type legibly and provide all requested information.
- PAGE 3. Pain Management Clinic Ownership Information.** Complete this page in its entirety. If you require more space to enter additional owners, you may copy this page and complete the information.
- PAGE 4. Pain Management Clinic Other Ownership Information.** Complete this page in its entirety for any clinic principal(s), officer(s), agent(s), AND/OR managing employee(s). If you require more space to enter additional principals, officers, agents, and/or managing employees, you may copy this page and complete the information.
- PAGE 5. Pain Management Clinic Renewal Questionnaire.** Answer all questions on the renewal questionnaire and provide documentation as required.
- PAGE 6. Physician Information.** This page must be completed for **each physician owner and practicing physician approved to work** in the clinic. **NOTE:** If you have more than one physician owner and practicing physician working in the clinic, copy this page and complete the information for EACH physician.
- PAGES 7-9. Certification Form.** The certification form is on pages 7-9 and should be completed by **each OWNER and PRACTICING PHYSICIAN named in the renewal application.** Provide documentation where required with the renewal application.

### **CONTINUING EDUCATION INFORMATION**

**NOTE: If you have less than 20 hours of continuing medical education (CME) pertaining to pain management or palliative medicine or do not have evidence of current certification or eligibility for certification in pain management or palliative medicine as approved by the Board, you must submit a Petition for Rule Waiver.**

- PHYSICIAN PROOF OF CME.** Each physician **owner**, or **practicing physician** working in the pain clinic must submit proof, during the preceding two (2) years, of twenty (20) hours of continuing medical education ("CME") pertaining to pain management or palliative medicine with the renewal application. Such CME must be an AMA/AOA PRA Category I CME, a board approved CME program, or any federally approved CME;
- OR**
- Proof of certifications in pain medicine or palliative medicine by the American Board of Medical Specialties, the American Osteopathic Association, the American Board of Pain Medicine and/or the American Board of Interventional Pain Physicians. Submit proof of CME's with the renewal application.

# **RENEWAL CHECKLIST**

## **OTHER REQUIREMENTS**

- U.S. CITIZEN INFORMATION.** If you are **NOT A U.S. CITIZEN**, you must submit Form B1 with your renewal application so that your citizenship status can be verified.
  
- SECURE AND VERIFIABLE DOCUMENT.** If you are **NOT A U.S. Citizen**, submit one of the acceptable documents listed with Form B1.

## **APPLICATION PROCESSING INFORMATION**

Mail the **original** renewal application, application fee and all required documents to:

**Georgia Composite Medical Board**

**ATTENTION: PAIN MANAGEMENT CLINIC RENEWAL DEPARTMENT**

**2 Peachtree Street, N.W., 6<sup>th</sup> Floor**

**ATLANTA, GA 30303**

## **CONTACT INFORMATION**

Joanna Zackery, Applications Specialist

**Email:** [joanna.zackery@dch.ga.gov](mailto:joanna.zackery@dch.ga.gov)

**Phone:** 404-463-2292

1. Upon receipt of your renewal application, acknowledgement will be sent **via email**, identifying any missing documentation. **NOTE: IN SOME CASES, YOU MAY NEED TO CHECK YOUR SPAM/JUNK MAIL.**
2. All items listed that apply to your situation **MUST** be submitted.
3. All copies must be 8-1/2 x 11, single-sided and official where required.
4. For quality and confidential purposes, facsimiles, and emails of some application materials **are not accepted**.
5. All application material must be original, unaltered, and official where required.