

REINSTATEMENT APPLICATION FOR PHYSICIAN 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 Reinstatement 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.

Effective February 1, 2005, the Composite State Board of Medical Examiners will accept certain forms of Primary Source certification and verification of documentation **from the applicant, to be included in the reinstatement application packet (see checklist below), only if it meets the guidelines identified by the Board for each primary source documentation.**

PRIMARY SOURCE VERIFICATION - The following documentation may come with the application packet directly from the applicant if guidelines identified by the Board for the following primary source documentation are met:

REFERENCE FORM – FORM B1

TWO **Reference Forms** are required - one each from licensed physicians who **are not related to you** and have known you and have been familiar with your practice for **more than six months**. Complete your part of this form by filling out your name, address, city, state and zip code. **DO NOT COMPLETE THE SECTION FOR THE REFERENCE SOURCE.**

In addition, the forms must meet the following criteria:

- Sent by licensed physicians familiar with your practice and who have known you more than six months.
- Original signature and date of signature of reference source.
- The date of the reference source's signature is invalid six months of the date it was signed.
- **Faxed forms will not be accepted.**

The Reference Source should complete the reference form and return it to you in a **sealed envelope**. **Have the reference source sign his/her name across the back of the envelope. Do not open the envelope;** send it with your application packet. Formal letters of reference are not accepted in lieu of the Reference Form because questions on the form are required to be answered by the Composite State Board of Medical Examiners. **Altered envelopes which contain official, original, certified official documents will not be accepted. No whiteouts or strikeouts will be accepted.**

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 www.npdb-hipdb.com, then click on Perform a Self-Query from the Quick List on the home page, 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 the NPDB-HIPDB report if:

- **You are presently unlicensed in any state;**
- **You have only held a temporary, limited or training license;**
- **Or if you are a Canadian licensed physician.**

PRIMARY SOURCE VERIFICATION - The following PRIMARY SOURCE DOCUMENTATION MUST COME DIRECTLY FROM THE ISSUING AUTHORITY DIRECTLY TO THE BOARD.

STATE BOARD LICENSE VERIFICATION FORM – FORM C1

Original official, certified verifications of license history of all medical licenses you have held or currently hold is required for each permanent, temporary, training, provisional or limited license held, even if you have not worked in that state or in any state in the US or Canadian territory or province, and US federal jurisdiction for 20 years, or you got a license and never practiced in that state. List the State/Country, dates of licensure, licensed by examination, reciprocity, state board examination, USMLE, FLEX, LMCC, NBOME, NBME, etc. **Copy this form and send it to each medical state licensing board and request that state verification be sent directly to the Board.**

THE FOLLOWING DOCUMENTATION MUST COME DIRECTLY FROM THE APPLICANT:

APPLICATION PAGES 1-5

MALPRACTICE QUESTIONNAIRE FORM – FORM E1

Complete this form whether or not you have ever had malpractice filed against you. Copies of the Plaintiff's Complaint and either the Settlement agreement or Dismissal Order are required by the Board. The copies must be provided in an 8-1/2 by 11 format. For civil actions, provide all documentation of Complaint and Settlement Agreement or Dismissal Order. The Armed Forces have their documentation dealing with the same areas of complaint and adjudication – these must be provided as well. These can be your own copies, copies obtained from your attorney, the county court of jurisdiction, or the branch of service of the Armed Forces.

CME – CONTINUING EDUCATION CREDITS

Submit documentation of completing 80 Hours of continuing education within the last TWO years (i.e., for 2004, provide CME documentation for 2002 – 2004). Documentation submitted must meet Board approved programs. Please refer to our website; www.medicalboard.georgia.gov for additional information on continuing education credits.

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.**

CV/RESUME

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

BOARD CERTIFICATION

If you are Board Certified, include a copy of your board certificate.

EXAMPLE OF SPECIFIC POWER OF ATTORNEY – FORM G1

If you want an agency or other individuals who you designate to handle the reinstatement process, a Specific Power of Attorney form must be **signed and notarized** in order to for the staff to discuss your application status with anyone other than the applicant.