

Georgia Composite Medical Board

2 Peachtree Street, NW • 36th Floor • Atlanta, Georgia 30303 • (404) 656-3913 • www.medicalboard.georgia.gov

REINSTATEMENT APPLICATION GENERAL INFORMATION

APPLICATIONS WILL NOT BE REVIEWED WITHOUT APPLICATION FEE
Reinstatement Lapsed Application: \$400.00

Reinstatement Inactive Application: \$200.00

Make check/money order payable to: **Georgia Composite Medical Board.**
ONLY Georgia State Government or Georgia County employees are fee exempt, NOT Federal government employees.

- **Please read the instructions carefully PRIOR TO attempting to answer the questions on the Physician Assistant Application Forms.**
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 the Frequently Asked Questions regarding Physician Assistants on our web site at www.medicalboard.georgia.gov**
- **Please do not submit two-sided copies of the application or accompanying documentation.**
- **Your completed application must be received TEN (10) business days PRIOR the next scheduled board meeting to be considered.**
The Board meets 12 times a year to consider completed applications. Generally, the Medical Board meets the first week of the month. Please call us at (404) 656-3913 to confirm our board meeting dates or check our web site for this information. All approvals will be posted to the website the Thursday following the meeting.
- **TEMPORARY LICENSES WILL NOT BE ISSUED TO REINSTATEMENT APPLICANTS.**
- **INTERNET DISCLOSURE OF PHYSICIAN ASSISTANT ADDRESS**
Georgia law requires the Georgia Composite Medical Board to provide, upon written or verbal request, an address for each licensed physician assistant. Public-record information pertaining to licensed physician assistant 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.

- **You are required to obtain the Board's written authorization prior to practicing. DO NOT begin working as a Physician Assistant without receipt of an approved license AND written approval from the Georgia Composite Medical Board of Primary Supervising Physician.**
- **Section J and Section K** of Form F (Basic Job Description) allows **prescribing privileges and pharmaceutical sample authority** for Physician's Assistants. If you do not need these privileges, the physician may cross through this section if desired.

APPLICATION CHECKLIST:
APPLICANTS MUST SUBMIT EITHER:

****FOR LICENSURE ONLY:**

- **Pages 1- 4 – Physician Assistant Reinstatement Application.**

OR

****FOR LICENSURE AND APPROVAL OF PRIMARY SUPERVISING PHYSICIAN:**

- **Page 1-4 – Physician Assistant Reinstatement Application.**
- **Page 5 - Utilization of a Physician Assistant**
- **Form E - Basic Job Description – Physician Anesthesiologist Assistant**

OR

- **Form F - Basic Job Description – Physician Assistant – Primary Care**

Must be ORIGINAL SIGNATURE by the applicant and the primary supervising physician. Supervising physician must also list all alternate supervising physicians, if applicable.

ALL APPLICANTS MUST ALSO SUBMIT:

- ◇ **Form A - Affidavit of Applicant**

Must be signed, dated and notarized.

The applicant and notary signature dates **must match**.

A current **photograph** that is 2"x2", head and shoulders only, and not more than six months old. Attach photograph to Affidavit.

- ◇ **Form A2-Affidavit of Citizenship**

Must be signed, dated and notarized.

Must provide proof that you are a United States Citizen, a legal permanent resident of the United States, or a qualified alien or non-immigrant under the Federal Immigration and Nationality Act

Verifiable Document. Send along with your Notarized Affidavit, at least one secure and verifiable document. For a listing of acceptable verifiable documents, see Page 2-3 of Form A2.

Please be sure that copies of any submitted documents are legible. All information on document must be legible. 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 C (AA) OR Form D (PA)– Reference Form**

Applicants must provide at least two (2) current **references**, addressed to the Board, and must be from licensed physicians, **other than proposed employer and/or director of training program**, who have supervised you. Applicants downloading application forms from our web site must download two (2) copies of the Physician Assistant Reference Form. Forms **MUST** have original signature.

- ◇ **Form G – Request for Verification of Certification (AA)**

Submit this form to NCCAA. Please ask the school to complete this form and mail directly to the Georgia Composite Medical Board.

- ◇ **Request for Verification of Certification (PA)**

Applicant must go to NCCPA.net and request certification verification be mailed to the Georgia Composite Medical Board.

- ◇ **Form I - Verification of State Licensure**

Complete the top section of this form and mail it to ALL state boards by whom you **are/have been** licensed as a Physician Assistant, **regardless of the status of your license in that state.**

You may copy or download as many copies of this form as needed.

- ◇ **Resume - Current CV** of activities, education, certifications, etc.

Must account for any gaps in employment history

- ◇ **CME's are required**

Must submit complete CME records for all hours obtained from last renewal to date.

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

You MUST REQUEST the NPDB-HIPDB report if you have an active, inactive or lapsed license in ANY STATE.

You must **self-query** the NPDB and the HIPDB on your own as part of the application process for a Georgia medical license. These data banks are mandated by Congress to track regulatory Board disciplinary actions and certain actions resulting from peer review and malpractice payments.

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). **You will be charged a fee from the NPDB for this service.**

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 have only held a temporary, limited or training license; You are a Canadian licensed physician.

- ◇ **Form J – Specific Power of Attorney (OPTIONAL)**

Authorizes your designee to make inquires to the Board regarding your application.