

**COSMETIC LASER
APPLICATION CHECKLIST
SENIOR LASER PRACTITIONER
2 Peachtree Street, N.W., 6^h Floor, Atlanta, GA 30303**

___ Applicant must be at least 21 years of age.

___ **FEE: \$200.** Submit the fee along with your application to the address above. Payment should be in the form of a cashier's check or money order made payable to **Georgia Composite Medical Board,**

Complete Application Pages 1-11. If you have questions regarding Cosmetic Lasers, contact Carol Dorsey at (404) 463-1015 or send an email to cdorsey@dch.ga.gov.

NOTE: ORIGINAL APPLICATIONS WITH ORIGINAL SIGNATURES ARE REQUIRED. NO APPLICATION WILL BE PROCESSED WITHOUT THE APPLICATION FEE.

___ **Page 1. - Name and Contact Information.** Complete this page providing all requested information.

___ **Page 2. - Applicant Questionnaire.** Answer all questions, and provide explanations and certified documentation concerning any arrests, convictions, disciplinary actions, licensure denials, etc.

___ **Page 3. - License History.** List any license history for each permanent, temporary, training, provisional, or limited license obtained in any state in the US or Canadian territory, Canadian province, or US Federal jurisdiction. Request from each state, territory, or province of the U.S. or Canada in which you have held any type of professional license, including training, limited, or restricted licenses.

___ **Page 4. - Laser Courses .** Complete the form and submit:

___ Proof of receiving at least **TWO laser certificates** from attending laser/intense pulsed light (IPL) courses, directly taught by a licensed physician or an ACCME-certified CME or CE educator. The name and signature of the individual teaching the course should be present on the certificate. Non-physicians must provide proof of his/her ACCME accreditation.

___ **Page 5. Laser Devices. List the types of laser devices you have used.**

___ **Page 6. - Clinical and/or Technological Medical Experience.** List at least **THREE years of clinical or technological medical experience or both.**

___ **Page 7. - Affidavit of Applicant.** Complete this form and have notarized in the **presence of a notary.** Attach a passport size photo in the space provided. The date you sign the affidavit and the date the notary signs, must match.

___ **Page 8. FORM A - Affidavit of Citizenship.** Complete this form and have notarized.

___ Send with your application a **copy of a secure and verifiable document** from the list following Form A.

___ **Page 10. FORM C - License Verification Form.** Complete this form and send directly to the licensing authority.

___ **Page 11. FORM D - Consulting Physician Protocol Agreement.** Send with your application a **signed** protocol agreement, which attests that you will follow all safety procedures and rules, as stated in your Office Safety Protocol. The protocol agreement must also include contact information for the consulting physician and the physician who has been designated in the event of problems that may arise.

___ Submit proof that you are or was licensed **or** nationally board certified as a medical practitioner for at least **three years.**

___ CV/RESUME. (Also, provide information for any date gaps in the CV or resume.)