

SPECIFIC POWER OF ATTORNEY

I, _____, do hereby authorize and direct all company/designated agents listed
Applicant's full name
below by this Specific Power of Attorney to carry out and execute certain duties pursuant to my request and
necessary in company/designated agent's reasonable judgment in connection with my pursuit of a license to
practice medicine in the State of Georgia ("Licensed State").

It is expressly understood and agreed that this Specific Power of Attorney authorizes company/designated agent
to make inquiries as to the status of my application for a medical license in the Licensed State. This Specific
Power of Attorney does not authorize company/designated agent to act on my behalf for any other purpose and
shall expire on the date I am granted a license in the Licensed State, the date my application for a medical
license is denied, or upon company/designated agent's receipt of written notice from me of revocation of this
Specific Power of Attorney.

I hereby release company/designated agent and the Licensed State from any and all liability, damages, claims
for damages, suits, actions and causes of action which may accrue as a result of company/designated agent
acting on my behalf in connection with my pursuit of a medical license in the Licensed State.

Name and contact information for all "company/designated agents" to inquire about the application:

1. _____

2. _____

3. _____

4. _____

<hr/> <p>PRINTED NAME OF APPLICANT</p> <hr/> <p>SIGNATURE OF APPLICANT</p> <hr/>	<p>Being duly sworn, says that he/she is the person who executed the above application for a license to practice medicine and surgery in the State of Georgia; and that all the statements herein contained are true in every respect.</p>	
<p>Sworn and subscribed to me this _____ day of _____, _____ <hr/><p>(Notary Public)</p></p>	<p>My Commission Expires _____</p>	<p>NOTARY SEAL HERE</p>