

GEORGIA COMPOSITE MEDICAL BOARD



2 Peachtree Street, N.W, 36th Floor • Atlanta, Georgia 30303 • Tel: 404.657.6495 • Fax: 404.656.9857
<http://www.medicalboard.georgia.gov> E-Mail: medbd@dch.ga.gov

INSTRUCTIONS FOR PHYSICIANS ASSISTANT APPLICATION **ADDING/CHANGING SUPERVISING PHYSICIAN** **OR** **ADDING A PRIMARY SUPERVISING PHYSICIAN**

Please be advised that you are required to obtain the Board's written authorization before practicing with a new supervising physician.

APPLICATIONS WILL NOT BE REVIEWED WITHOUT APPLICATION FEE

Add/Change Application Fee: **\$75.00**; Make check/money order payable to: **Georgia Composite Medical Board. Georgia State Government or Georgia County employees are fee exempt.** Federal government employees are **not** fee exempt.

Please read the instructions carefully **PRIOR TO** attempting to answer the questions on the **Physician Assistant Application Forms**. Also, please read the **Frequently Asked Questions** regarding **Physician Assistants** on our web site at www.medicalboard.georgia.gov.
Do not submit two-sided copies of the application or documentation.

FALSIFICATION/MISREPRESENTATION

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.

1. In order to **change** supervising physicians or **add** a primary supervising physician, the forms in this application packet must be completed and returned to the address listed above.
2. All applicants must submit:
Application pages 1- 3 – Application to Add or Change Supervising Physician

Form AC1 - Alternate Physicians - Any other physician who supervises you must sign this form. If your list is extensive, you may submit a separate sheet with original signatures of the alternate supervisors. Be sure to place your name on any additional pages submitted to the Board.

Form B - Additional Duties must be requested on forms provided by the Georgia Composite Medical Board. This form should be submitted with your application.

Form E - Basic Job Description – Physician Anesthesiologist Assistant. This form must be signed by the applicant and the primary supervising physician.

OR

Form F - Basic Job Description – Physician Assistant – Primary Care. This form must be signed by the applicant and the primary supervising physician.

Section J of the Basic Job Description allows **prescribing privileges** for Physician Assistants. If you do not need these privileges, the physician may cross through this section.

Section K of the Basic Job Description. The Physician Assistant may request, receive and sign for professional samples and may distribute professional samples to patients in accordance with O.C.G.A. § 43-34-103(e.2). The Physician Assistant shall maintain, in the office or facility where the Physician Assistant is working, a log detailing a complete listing of the specific number and dosage of each professional sample received and dispensed. All professional samples shall be maintained as required by applicable state and federal law and regulations.

Form H – Separation Notification Form. This form must be signed by both the applicant and the sponsoring physician (if serving notice to the Georgia Composite Medical Board) that you are resigning from a position.

The Board meets 12 times a year to consider completed applications. Your completed application must be received **5 (five) business days** prior to the next month's board meeting to be considered. Generally, the Medical Board meets the first week of the month in which there is a consecutive Thursday and Friday. For example, if the Thursday is the 31st of a month and Friday is the 1st, the board will not meet until the following week. Please call to confirm our board meeting dates or check our web site for this information.

Internet Disclosure of 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 assistants is available to the public through the Board's website (www.medicalboard.georgia.gov).

The release of this information has highlighted the need for physician assistants 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 within 15-days.