

# Georgia Composite Medical Board



2 Peachtree Street, NW • 36<sup>th</sup> Floor • Atlanta, Georgia 30303 • (404) 656-3913 • [www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov)

## GENERAL INFORMATION AND CHECKLIST

### ADDING AN ADDITIONAL PRIMARY SUPERVISING PHYSICIAN APPLICATION OR CHANGING AN EXISTING PRIMARY SUPERVISING PHYSICIAN APPLICATION

- **APPLICATIONS WILL NOT BE REVIEWED WITHOUT APPLICATION FEE OF \$75.00**  
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](http://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.
- **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](http://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 with requested Primary Supervising Physician. DO NOT begin working as a Physician Assistant with requested MD without written notification of approval from the Georgia Composite Medical Board of add/changed Primary Supervising Physician.**
- **AN ALTERNATE SUPERVISOR DOES NOT AUTOMATICALLY BECOME YOUR NEW SUPERVISING PHYSICIAN. YOU MUST SUBMIT A NEW ADD/CHANGE APPLICATION FOR A NEW PRIMARY SUPERVISOR (AND ALTERNATES) IF YOUR RELATIONSHIP WITH YOUR CURRENT BOARD APPROVED PRIMARY PHYSICIAN TERMINATES.**
- **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.**
- **If you have board approved additional duties from a prior primary supervising physician and would like these duties approved with your new requested supervising physician, you must submit a new additional duty request form for each individual duty. Please note on the request that you have had prior board approval for the specific duty. These duties must fall within the scope of practice of your new primary supervising physician and he she must sign off on the application as required.**

## APPLICATION CHECKLIST:

### APPLICANTS MUST SUBMIT:

- ◇ **Page 1-3 – Add/Change Supervising Physician Application Form**
  - ◇ **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.
  - ◇ **Form B – Additional Duty Request Form (OPTIONAL)**
  - ◇ **Form H – Separation Notification Form (OPTIONAL)**  
SUBMIT if serving notice to the Georgia Composite Medical Board that you are resigning from a position and want your board approved relationship with a Primary Supervising Physician terminated.
  - ◇ **Form J – Specific Power of Attorney (OPTIONAL)**  
Authorizes your designee to make inquires to the Board regarding your application.  
Must be submitted with Initial Application.