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### Initial Physician Licensure (Graduate of Medical School in U.S. or Canada)

**Thank you for submitting your online application!** Within 7 business days after you have submitted your online application and payment, your Applications Specialist will review your application and update your online checklist. You can use this checklist and the attached forms to get started now. Please log in periodically to review your application status. **(Note: If you have already sent some or all of these documents to us, you may not need to send them again.)**

**Submit the following items to us as soon as possible. They are required of all applicants. Forms without original signatures and dates will not be accepted.**

- A copy of your current CV or resume.** (Also, provide information for any date gaps in the CV or resume.)
- Form B**, Reference Form. (Three references are required.)
- Form D**, Affidavit of Applicant. (Keep a copy of this form as a release for third parties, if they require one.)
- Form D2**, Affidavit for Medical Board License.
- A copy of a secure and verifiable document** from the list following Form D2.
- Form E**, Malpractice Questionnaire, including documentation of any cases.

**Submit the following items if you are not using Federation Credentials Verification Service (<http://www.fsmb.org/fcvs.html>).**

- Official medical transcript**, issued by the school to the Georgia Composite Medical Board. We must receive this either directly from the school, or in an unaltered, unopened, sealed envelope. If it is not in English, include a certified copy of English translation.
- Official licensing examination score transcript**, issued by the testing agency to the Georgia Composite Medical Board. We must receive this directly from the agency providing the transcript or report. *You can order USMLE and other national exam score transcripts at <http://www.fsmb.org/transcripts.html>.*
- Form A**, Certificate of Postgraduate Training, for each training program you have participated in. We must receive the original form either directly from the school, or in an unaltered, unopened, sealed envelope.

**Submit the following items, if applicable. (Note: Some circumstances may require items not listed here.)**

- National Practitioner Data Bank (NPDB) and Health Integrity and Protection Data Bank (HIPDB) Self-Query and Reports**, if you have ever held a license in the US or Canada (not including training licenses). You can order it at [https://www.npdb-hipdb.hrsa.gov/ext/RulesOfBehaviorSQ.jsp?SUBJECT\\_TYPE=I](https://www.npdb-hipdb.hrsa.gov/ext/RulesOfBehaviorSQ.jsp?SUBJECT_TYPE=I).
- Official license verification** from each state, territory, or province of the U.S. or Canada in which you have held any type of medical license, including training, limited, or restricted licenses. We must receive this directly from the licensing authority or from Veridoc ([www.veridoc.org](http://www.veridoc.org)). Contact information for other licensing authorities can be found at [http://www.fsmb.org/directory\\_smb.html](http://www.fsmb.org/directory_smb.html). Use a copy of **Form D** as a release form, if the other state requires one.
- Military discharge documentation**, if you have ever been discharged from US military service.
- Explanations and documentation** concerning any arrests, convictions, disciplinary actions, licensure denials, etc.
- Form G**, Specific Power of Attorney, if you want to authorize anyone else to make inquiries about your application.

<i>If your last name starts with:</i>	<i>Your Applications Specialist is:</i>	<i>Contact details:</i>
<b>A through G</b>	Kia Hargrove	404-463-6162; <a href="mailto:khargrove@dch.ga.gov">khargrove@dch.ga.gov</a>
<b>H through O</b>	Candis Dickerson	404-657-6491; <a href="mailto:cdickerson@dch.ga.gov">cdickerson@dch.ga.gov</a>
<b>P through Z</b>	Deborah Bruce	404-656-7067; <a href="mailto:dbruce@dch.ga.gov">dbruce@dch.ga.gov</a>

**For licensure renewal questions, contact the Renewals Desk instead, at 404-651-7854 or [cdorsey@dch.ga.gov](mailto:cdorsey@dch.ga.gov).**