

# GEORGIA COMPOSITE MEDICAL BOARD



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## CLINICAL PERFUSIONIST REINSTATEMENT APPLICATION GENERAL INFORMATION

Please read all application materials and instructions carefully. It takes approximately **three (3) to five (5)** weeks to obtain a license in Georgia. The Board strongly recommends that you do not apply or accept job opportunities until your license number has been issued.

1. We will discuss the application status with the **applicant only**. Speaking only with the applicant regarding application status protects the applicant as the application is considered in the same respect as an application for employment and is treated as confidential. It also helps to prevent miscommunication or disinformation regarding the application status. Please inform all hospitals, employers, recruiters, referral companies, attorneys, family members, or insurance companies that application status updates must be obtained from you.
2. Applicants should submit all required documentation as soon as possible; however, **without both** the application and fee, staff cannot begin the initial review process.
3. All fees are **nonrefundable**.

**Once an application has been received, staff must complete the initial review within 10 business days from receipt of application, although this often occurs in less time. The applicant is then notified in writing of the application status and given an itemized list of documents needed to complete the file.**

**After the determination for licensure has been made indicating your eligibility for either a provisional license or full licensure**, and when all documentation has been submitted and all administrative checks completed, the application is scheduled for review at the next scheduled Board meeting. Board meetings are held the first Thursday and Friday of each month, and the application must be complete **five (5) business days** prior to the scheduled meeting. This time frame allows for preparation of complex files to be prepared and mailed for review by the Licensing Committee so they can make an informed decision regarding licensure. Keep this in mind; we cannot predict the variables that may cause delays as each application is reviewed. Therefore, we cannot provide assurances that any applicant will be licensed by a specific date. It is strongly recommended that you **DO NOT** accept any employment opportunities until your Georgia license number has been issued.

State law requires you to keep the Medical Board informed of changes in address for mailing and work, and associated phone numbers.

### **INTERNET DISCLOSURE OF ADDRESS**

Georgia law requires the Georgia Composite Medical Board to provide, upon written or verbal request, an address for each licensed practitioner. Public-record information pertaining to licensed practitioner's is available to the public through the Board's website ([www.medicalboard.state.ga.us](http://www.medicalboard.state.ga.us)).

The release of this information has highlighted the need for practitioners 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.

# Instructions and Checklist

## Reinstatement Application for Clinical Perfusionist

This check sheet is intended to assist you with the filing of a complete application. All items listed that apply to your situation must be submitted in order for your qualifications for licensure to be assessed. When submitting copies of documents, please ensure they are 8-1/2 x11-inch copies of the original. **Please do not submit two-sided copies of the application or accompanying documentation.**

**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. Enclose a CV or current resume.
2. Application Pages – 1-4. Complete each item on the application.

### **GEORGIA COMPOSITE MEDICAL BOARD FEES INCREASE JULY 1, 2010**

Make check/money order payable to: *Georgia Composite Medical Board*

3. Enclose **Reinstatement** fee of **\$300.00 FOR LAPSED OR REVOKED**
4. **FOR APPLICANTS WHO ARE NOT U.S. CITIZENS:**

If you are not a U.S. citizen, you must submit documentation that will determine if you have a qualified alien status. **Only those applicants who can provide proof will be granted a license.** The Board participates in the **DHS-USCIS SAVE** (Systematic Alien Verification for Entitlements or "SAVE") program for the purpose of verifying citizenship and immigration status information of non-citizens.

In order to confirm your status with the SAVE program, you need to provide the board with **legible** copies of **one** of the following document(s):

1. Valid (not expired) foreign passport with I-94 or I-551
2. Temporary resident alien card (I-688)
3. Permanent resident alien card (I-551)
4. Employment Authorization Card (I-766) or (I-688A)
5. Employment Authorization Document (I-688B)
6. Refugee Travel Document (I-571)
7. Reentry Permit (I-327)
8. Certificate of Citizenship
9. Naturalization Certificate
10. Machine Readable Immigrant Visa (with Temporary I-551 Language)
11. Temporary I-551 Stamp (on passport of I-94)
12. I-94 (Arrival/Departure Record)
13. I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
14. DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

**Please be sure that copies of any submitted documents are legible. You must submit these documents even if you have previously submitted the information.** Use a good quality copier and increase the size of the copy if need be. If the following information is needed, it must be legible: Alien Number; Card Number; Document Expiration Date; SEVIS ID Number. One or all of these numbers or dates may be required when we submit your information to SAVE. If we cannot read what you have submitted, we will be unable to submit your information to the SAVE program, which will delay the consideration of your application.

5. **Form A Affidavit and Authorization of Applicant.** Attach a standard passport photograph in the space provided. The photograph **must** have been taken within a one-year period prior to the application. Cutouts, newspaper or magazine clippings, or photocopies will **not be accepted**. Please sign the photograph on the backside, and use tape to secure the photograph in the space allotted for the photograph. Affidavit **must be signed in the presence of a notary. The date of signature and date of notary must match.**

**Notarized Affidavit** that you are a United States Citizen, a legal permanent resident of the United States, or that you are a qualified alien or non-immigrant under the Federal Immigration and Nationality Act. If you are not a U.S. citizen, you must submit documentation that will determine if you have a qualified alien status. The Board participates in the **DHS-USCIS SAVE** (Systematic Alien Verification for Entitlements or "SAVE") program for the purpose of verifying citizenship and immigration status information of non-citizens. If you are a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, you must provide the alien number issued by the Department of Homeland Security or other federal immigration agency. **This Affidavit form may be found on our website as page 2 of Form A.** This form must be signed, dated and notarized.

**Verifiable Document.** Send along with your Notarized Affidavit, at least one secure and verifiable document. For a listing of acceptable verifiable documents, see Page 3 of Form A.

6. **Form B Certification of Examination**. This form should be sent **directly** to the American Board of Cardiovascular Perfusion (ABCP) for completion. The **ABCP** is responsible for mailing the form **directly** to the Board.
7. **Form C Verification of Licensure/Certification**. This form should be sent to each state which you hold or ever held a license or certificate to practice.
8. **Form D Certificate of Education for Licensed Clinical Perfusionist**, should be sent to the Program for completion, and mailed **directly** to the Board.
9. **Form E Reference Form**. References are required from two (2) sources and may be completed by one of the following sources: supervisor, physician with whom you have worked with professionally, professor from perfusion program, or a clinical instructor.
10. 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) .