

GEORGIA COMPOSITE MEDICAL BOARD



**RENEWAL INFORMATION
COSMETIC LASER PRACTITIONER
2 PEACHTREE STREET, N.W. – 36TH FLOOR
Atlanta, Georgia 30303**

Pursuant to Georgia Law (O.C.G.A. 43-34-8(24)(m)), the failure to renew a license by the end of an established renewal period shall have the same effect as revocation. **Your current license will expire at the end of your birth month.** You may not practice in Georgia without a current license after that date. The established penalty period begins the day after the expiration date and ends three months from expiration date. After that date, delinquent licenses are revoked for failure to renew.

CHECKLIST FOR COMPLETING YOUR RENEWAL APPLICATION

- a. Address Information: If your address information requires updating, enter the updated information in the address information section.
- b. Renewal Application: Answer all questions in blue or black ink only. Be sure to sign and date the form and submit renewal payment (as indicated in the fee schedule below).

CONTINUING EDUCATION INFORMATION:

For your first renewal you are **NOT** required to complete continuing education hours in order to renew your license. However, for the next renewal, you must obtain 5 hours of continuing education per Rule 360-35-.04.

RENEWAL FEE INFORMATION

TIMELY RENEWAL: **\$105.00** - through the last day of your birth month

LATE RENEWAL: **\$205.00** - day following your birth month and up to three months from the expiration date.

MAKE YOUR CHECK/MONEY ORDER PAYABLE TO: Georgia Composite Medical Board

MAIL TO: **Georgia Composite Medical Board
COSMETIC LASER PRACTITIONER
2 PEACHTREE STREET, N.W. – 36TH FLOOR
Atlanta, Georgia 30303**

Name: _____ License # _____

Check your license type: _____ Assistant Laser Practitioner

_____ Senior Laser Practitioner

Complete this form in its entirety. Sign and date the last page of the form. Use blue or black ink only.

Indicate your **mailing address** below. (This address will appear on our website unless you have submitted a practice location).

(Street Address)

(City)

(State)

(Zip Code)

(Phone Number)

(Fax Number)

(E-mail address)

Indicate your **practice address** below This address will appear on our website:

Name of Practice _____

(Street Address)

(City)

(State)

(Zip Code)

(Phone Number)

(Fax Number)

(Email address) _____ (web address) _____

Name: _____

License # _____

COMPLETE ALL QUESTIONS

Check if applicable:

_____ I only perform laser hair removal and /or intense pulse light treatments

Disclaimer: *Laser practitioners performing only laser hair removal and /or intense pulse light treatments by law are not required to have an agreement with a consulting physician.

1. Consulting physician's name: _____

Consulting physician's license #: _____

Questions 2-4 If you answer YES to any question, submit a written explanation and any documentation you may have with your renewal form.

		YES	NO
2.	Since you were licensed, has any licensing Board or agency ever taken a public or private disciplinary action against you or are you currently the subject of an investigation by any licensing board or agency?		
3.	Since you were licensed, have you entered a plea bargain, been arrested, indicted or convicted for violating any state or federal law including DUI (excluding minor traffic violations)? As used in this question, the term "conviction" shall include a finding or verdict of guilt, or a plea of guilty, or a plea of nolo contendere in a criminal proceeding, regardless of whether the adjudication of guilt or sentence is withheld or not entered.		
4.	During the last 2 years, have you suffered from any physical, psychiatric, or substance use disorder that could impair or require limitations on your functioning as a professional or has resulted in the inability to practice medicine for more than 30 days, or required court-ordered treatment or hospitalization? (If yes, provide treatment history documentation to include diagnosis, treatment regimen, hospitalization, and ongoing treatment/medication to the Board).		
5.	Are you a U.S. Citizen? If no, please submit proof of citizenship by accessing the link below: http://medicalboard.georgia.gov/sites/medicalboard.georgia.gov/files/related_files/site_page/Affidavit_LicRenew_alv8.1.pdf		
6.	Have you completed 5 hours of Continuing Education Units (CEU), during the last 24 months?		

This is to certify that the foregoing information is true and correct to the best of my knowledge.

Signature

Date