FORM A AFFIDAVIT OF APPLICANT

I acknowledge and state that I have read and am familiar with the Physician Assistant Act and rules pertaining thereto. I further state that by filing this application for licensure as physician assistant in the State of Georgia; I authorize and consent to have an investigation made as to my moral character, professional reputation and fitness to practice as a P.A. I agree to give any further information, which may be required in reference to my past record. I understand that I will not receive a copy of the report or know its content and I further understand that the contents of the investigative report will be privileged unless determined otherwise by the Board or Court Order.

I authorize and request every person, hospital, clinic, community, governmental agency (local, state Federal or foreign) court, association, institution or any other organization having control of any documents, records or other such information pertaining to me, to furnish to the Georgia Composite Medical Board any such documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and permit the Georgia Composite Medical Board or any of its agents or representatives to inspect and make copies of such documents, records or other information, in connection with this application, subsequent to practice thereunder.

I hereby release, discharge, and exonerate the Georgia Composite Medical Board for any and all liability of every nature and kind arising out of the furnishing or inspections of such documents, records or other information or any investigation made by the Georgia Composite Medical Board to release information, material, documents, orders or the like relating to me or to this application to any other agency or any other agency of the State of Georgia, the medical licensing agency of any other state or territory of the United States, or Province of Canada, the Federation of State Medical Boards, or the U.S. Inc. law enforcement agency, hospital or other appropriate agencies as determined by the Board.

I hereby swear or affirm under penalties of perjury that all statements made by me in this application and any attachments hereto and made a part hereof are true and correct. I understand that pursuant to the Official Code of Georgia Annotated. Section 43-43-46 and 43-1-19(a)(2), any person who shall give false or forged evidence of any kind to the Board in connection with an application, shall be guilty of a felony and upon conviction thereof, shall be punished by paying a fine or not less than \$500.00 nor more than \$1,000.00 or by imprisonment from two to five years or both. False swearing may constitute a felony offense under O.C.G.A. § 16-10-71. I understand that working with a Physician Assistant license and falsely presenting myself to the public as a licensed physician is a violation of the Physician Assistant Act and the Rules of the Georgia Composite Medical Board.

Signature of Applicant	Date		
County	State		Photo 2" x 2" Head & Shoulders
Name of Applicant			
City and State			
	that the attached photograp		application; and that all statement of the applicant not more than si
Sworn and subscribed before n	ne this		
Day of	·		
Notary Public		SEAL	

1 Revised: 1/2012

O.C.G.A. § 50-36-1(e)(2) Affidavit for Professional Medical Board License

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. §

50-36-1, from the Georgia Composi with respect to my application for a p	te Medical Board, the undersigned applicant verifies one of the following public benefit:
1) I am a United States	citizen.
2) I am a legal permane	ent resident of the United States.
an alien number issu agency. My alien r	or non-immigrant under the Federal Immigration and Nationality Act with used by the Department of Homeland Security or other federal immigration number issued by the Department of Homeland Security or other federal is:
	by verifies that he or she is 18 years of age or older and has provided at ment, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.
The secure and verifiable doc	ument provided with this affidavit can best be classified as:
makes a false, fictitious, or fraudule	under oath, I understand that any person who knowingly and willfully ent statement or representation in an affidavit shall be guilty of a violation iminal penalties as allowed by such criminal statute. (city),(state).
1101 – Physician Assistant	Signature of Applicant
	Printed Name of Applicant - (Print legibly)
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE	
DAY OF, 20	-
NOTARY PUBLIC My Commission Expires:	

Revised: 1/2012

2 Affidavit of Applicant – Form A

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/ind ex.htm [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
An Employment Authorization Document that contains a photograph of the bearer
[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

Revised: 1/2012

A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2] A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR§ 274a.2]
A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR§ 37.11]
A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR§ 37.11]
In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]