Georgia Composite Medical Board Use Only

Temporary #: _____ File Number: _____

Date Issued: _____ License Number: _____

Date Issued: _____

Initial Clinical Perfusionist Application

All fees are nonrefundable and subject to change.

Name and Personal Detail

This information is authorized to be obtained and disclosed to state and federal agencies by O.C.G.A. § 19-11-1 and O.C.G.A. § 20-3-295, 42 U.S.C.A. §651 and 20 U.S.C.A. § 1001. This information may also be disclosed to the National Practitioner Data Bank or other state medical boards or regulatory agencies for license tracking purposes.

☐ **Check here if you would like to request a temporary license upon completion of your application**

Social Security Number _____

Last Name (Surname) _____

First _____

Middle _____

Other Surnames _____

Gender ☐ Male ☐ Female

Birth Date (mm/dd/yy) ____/____/____

Contact Detail Summary

General Addresses

Mailing Address: Correspondence from the Board is sent to this address. Email address is utilized by the Board to contact you in case of an emergency situation. This address will not appear on the Internet *unless you **fail** to provide a practice location address*.

Street Number Street Name City State Zip Apt

Area Code Phone Number Email _____@_____

Practice Location: Posted on the Internet when the license number is issued.

!!Your mailing address will appear on the Internet if you do not provide a practice location!!

Street Number Street Name City State Zip Suite/Bldg

Area Code Phone Number

CLINICAL PERFUSIONIST PROGRAM QUESTIONS

	IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, YOU ARE REQUIRED TO ATTACH COMPLETE DETAILS, INCLUDING DATE, PLACE, REASON, AND DISPOSITON OF THE MATTER (INCLUDE COPIES OF COURT ORDERS OR MALPRACTICE SUITS IF APPLICABLE) AND MAIL THIS FORM WITH APPROPRIATE DOCUMENTS DIRECTLY TO THE GEORGIA MEDICAL BOARD.	**YES**	**NO**
	Have you served in the armed forces? If Yes, dates of service: from: _____ to: _____ (provide copy of DD214 to Board)	___	___
	Have you been discharged from the armed forces? If yes, provide a copy of your discharge summary to the Board.	___	___
	Have you ever taken the complete examination given by the American Board of Cardiovascular Perfusion? If yes, enter your Certificate Number:_____ If no, date scheduled to take Examination: _____/___/_____(mm/dd/yyyy)	___	___
	Are you a U.S. Citizen? 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 documents listed on our website.	___	___

CLINICAL PERFUSIONIST APPLICANT QUESTIONNAIRE

	IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, YOU ARE REQUIRED TO ATTACH COMPLETE DETAILS, INCLUDING DATE, PLACE, REASON, AND DISPOSITON OF THE MATTER (INCLUDE COPIES OF COURT ORDERS OR MALPRACTICE SUITS IF APPLICABLE) AND MAIL THIS FORM WITH APPROPRIATE DOCUMENTS DIRECTLY TO THE GEORGIA MEDICAL BOARD	***YES***	**NO**
1.	Has any board or agency denied issuance of or, pursuant to disciplinary proceedings, refused renewal of license or certificate?	_____	_____
2.	During the last seven years, were you treated for alcohol, mental or physical disorder, chemical drug dependency, neurologic, or psychiatric illness that required outpatient evaluation or inpatient hospitalization? (If yes, provide treatment history documentation to include diagnosis, treatment regimen, hospitalization, and ongoing treatment/medication to the Board.	_____	_____
3.	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.	Have you ever been denied the privilege of taking an examination given by any state licensing board or been denied a certificate/license?	_____	_____
5.	Has any licensing Board or agency ever taken a **public or private** disciplinary action against you?	_____	_____
6.	Have you ever been named as a defendant in a malpractice suit?	_____	_____
7.	Have you ever been denied membership in any professional society or association?	_____	_____
8.	Have you ever voluntarily surrendered any professional license or certificate?	_____	_____
9.	Have you ever been, or are you currently, the subject of an investigation by any licensing Board or agency?	_____	_____
10.	Have you ever been dismissed or resigned while under investigation at a hospital?	_____	_____
11.	Have you ever defaulted on a state or federally funded and/or guaranteed school loan?	_____	_____
12.	Have you ever defaulted on child support payments?	_____	_____

PERFUSIONIST EDUCATION
List all perfusion education programs attended.

Perfusion Education Program:_____

Address:_____
City State Zip Code

Dates attended: From:_____ to _____
(Month/Date/Year) (Month/Date/Year)

Perfusion Education Program:_____

Address:_____
City State Zip Code

Dates attended: From:_____ to _____
(Month/Date/Year) (Month/Date/Year)

COLLEGE EDUCATION

List all colleges and universities attended.

College or University:_____

Address:_____
City State Zip Code

Dates attended: From:_____ to _____
(Month/Date/Year) (Month/Day/Year)

License History

List all states in reverse chronological order that you are/have been licensed to practice as a PA by virtue of a certification issued by another duly constituted licensing Board in the United States as follows:

State	Date Licensed From (mm/dd/yyyy)	Date Licensed To (mm/dd/yyyy)	License Number	Licensure Status Active/Inactive)