

# GEORGIA COMPOSITE MEDICAL BOARD



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## **INITIAL APPLICATION FOR TEACHER'S LICENSURE GENERAL INFORMATION**

### **APPLICATIONS WILL NOT BE REVIEWED WITHOUT APPLICATION FEE**

Application Fee: \$**200.00**; Make check OR money order payable to: **Georgia Composite Medical Board**.

### **NOTE: WE WILL DISCUSS APPLICATION STATUS WITH THE APPLICANT ONLY, UNLESS A SPECIFIC POWER OF ATTORNEY AFFIDAVIT IS ON FILE WITH THE BOARD.**

Applications are confidential pursuant to State law. Therefore, application status updates must be obtained from the applicant. Please inform all hospitals, employers, recruiters, referral companies, family members, or insurance companies that application status updates must be obtained from you. A Specific Power of Attorney Form is included with the application packet for your use, if you want an agency or other individuals who you designate to handle the application process. The Specific Power of Attorney form must be **signed and notarized** in order to be accepted by the Medical Board.

### **FALSIFICATION/MISREPRESENTATION**

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.

Please read all application materials and instructions carefully. In order for an application to go before the Georgia Composite Medical Board for approval, it must be received as "completed" **5 (five) business days** before the next monthly board meeting date. Completion of an application is when all primary source documentation has been received and reviewed, your application has met all administrative screenings, and a final quality assurance review has been completed on your application.

**Teacher's licensure applications are valid for one-year from date of receipt.**

### **INTERNET DISCLOSURE OF ADDRESS**

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

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

# **INITIAL APPLICATION FOR TEACHER'S LICENSURE – CHECKLIST**

The CHECKLIST is intended to assist you with the filing of a complete application. Read all instructions on each page carefully and utilize the checklist as you are filling out the 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 x 11 inch copies** of the original. *Do not submit two-sided copies of the application or documentation.* **For quality and confidential purposes, facsimiles of application materials are not accepted. All application material must be original, unaltered, and official where required.**

- APPLICATION PAGES 1 – 4 – Please review and complete all pages.**  
**Attach to Page 1 your check or money order for \$200 made payable to:  
Georgia Composite Medical Board.**

- APPLICATION PAGE 3 – CERTIFICATION OF THE MEDICAL SCHOOL DEAN FOR A TEACHER'S LICENSE**  
To be eligible for a teacher's license, an applicant must submit evidence on a form approved by the Board, **signed by the dean of the Board approved medical school**, which certifies that the applicant is considered a distinguished medical scholar or can make a significant contribution to the school's teaching program. The Board approved school shall state the expected duration of the applicant's appointment, and shall notify the Board of the termination of the appointment.

- APPLICATION PAGE 4 - AFFIDAVIT OF APPLICANT**  
Read this form in its entirety and complete all areas. **A current passport photo is required to complete this form.** Do not submit photos from digital reproductions, magazine, yearbook, wedding, birthday, family outing, etc. Take this form to a notary public for witness of your signature. **The applicant's signature date and the notary signature date must match. No whiteouts or strikeouts are accepted.**

- CV/RESUME**  
The **Georgia Composite Medical Board** requires that applicants for licensure provide Curriculum Vitae. This document should be a chronological representation of all **education and employment, including your present position.** **Give a complete chronological accounting of any gaps in training or experience.**

- FORM C- LICENSURE VERIFICATION FORM**  
The applicant must show proof of being currently licensed and in good standing in another state or foreign country. This form should be sent to a state where you hold or have held a license/certificate to practice. Request that the state verification be sent directly to the Georgia Composite Medical Board.

- FOR APPLICANTS WHO ARE NOT U.S. 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.** 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.