

**FORM G
SPECIFIC POWER OF ATTORNEY**

I, _____, do hereby authorize and direct _____ and
Applicant's full name Company or designated agent's name
 its agents and employees, by this Specific Power of Attorney to carry out and execute certain duties pursuant to
 my request and necessary in _____'s reasonable judgment in connection with
Company or designated agent's name
 my pursuit of a license to practice medicine in the State of Georgia ("Licensed State").

It is expressly understood and agreed that this Specific Power of Attorney authorizes _____ to
Company or designated agent's name
 make inquiries as to the status of my application for a medical license in the Licensed State. This Specific Power
 of Attorney does not authorize _____ to act on my behalf for any other purpose
Company or designated agent's name
 and shall expire on the date I am granted a license in the Licensed State, the date my application for a medical
 license is denied, or upon _____'s receipt of written notice from me of
Company or designated agent's name
 revocation of this Specific Power of Attorney.

I hereby release _____ and the Licensed State from any and all liability,
Company or designated agent's name
 damages, claims for damages, suits, actions and causes of action which may accrue as a result of
 _____ acting on my behalf in connection with my pursuit of a medical license
Company or designated agent's name
 in the Licensed State.

PRINTED NAME OF APPLICANT _____ SIGNATURE OF APPLICANT _____	Being duly sworn, says that he/she is the person who executed the above application for a license to practice medicine and surgery in the State of Georgia; and that all the statements herein contained are true in every respect.
Sworn and subscribed to me this ____ day of _____, _____ _____ (Notary Public)	My Commission Expires _____
NOTARY SEAL MUST BE IMPRINTED HERE	