

# GEORGIA COMPOSITE MEDICAL BOARD



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## **INSTRUCTIONS FOR INITIAL PHYSICIAN ASSISTANT APPLICATION FOR LICENSURE GENERAL INFORMATION**

**NOTE: Please be advised that you are required to obtain the Board's written authorization before practicing with a new supervising physician. NOTE: You may not begin work without a license or written temporary approval from the Georgia Composite Medical Board.**

When the application is complete, a temporary approval letter will be issued and will remain in effect until a passing score from the NCCPA or the NCCAA has been received and reviewed by the Medical Board. **NOTE: THE PHYSICIANS ASSISTANT IS RESPONSIBLE FOR CONTACTING EITHER THE NCCPA OR NCCAA TO HAVE PROOF OF THEIR CERTIFICATION SENT DIRECTLY TO THE BOARD.**

Temporary approval may not be issued to anyone who has failed an examination until documentation is received indicating a passing score. **TEMPORARY LICENSES WILL NOT BE ISSUED TO REINSTATEMENT APPLICANTS OR APPLICANTS WHO CURRENTLY HOLD OR HAVE EVER HELD A LICENSE IN ANY OTHER STATE.**

**NOTE: AN ALTERNATE SUPERVISOR DOES NOT AUTOMATICALLY BECOME YOUR NEW SUPERVISING PHYSICIAN. YOU MUST SUBMIT A NEW APPLICATION WITH YOUR NEW PRIMARY SUPERVISOR.**

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

### **GEORGIA COMPOSITE MEDICAL BOARD FEES INCREASE JULY 1, 2010**

Application Fee: **Initial Application: \$300.00 Inactive Status: \$100.00**

Make check/money order payable to: **Georgia Composite Medical Board, Georgia State Government or Georgia County employees are fee exempt. Federal government employees are not exempt.**

**Please read the instructions carefully PRIOR TO attempting to answer the questions on the Physician Assistant Application Forms. Also, please read the Frequently Asked Questions regarding Physician Assistants on our web site at [www.medicalboard.georgia.gov](http://www.medicalboard.georgia.gov) Please do not submit two-sided copies of the application or accompanying documentation.**

### **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.

### **INTERNET DISCLOSURE OF PHYSICIAN ASSISTANT ADDRESS**

Georgia law requires the Georgia Composite Medical Board to provide, upon written or verbal request, an address for each licensed physician assistant. Public-record information pertaining to licensed physician assistant is 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.**

# **PHYSICIANS ASSISTANT CHECKLIST**

- ◇ All applicants must have graduated from an accredited Physician's Assistant education program approved by the Board.
- ◇ All applicants must submit:
  - **Pages 1- 4 - Physician Assistant Application.**
  - **Page 5 - Application for Utilization of a Physician Assistant** completed by the **primary** supervising physician. Supervising physician must also list all alternate supervising physicians, if applicable.
- ◇ **Form A - Affidavit of Applicant** (must be signed, dated and notarized). The applicant and notary signature dates **must match**. A current **photograph** that is 2"x2", head and shoulders only, and not more than six months old. Attach photograph to Affidavit.
- ◇ **Notarized Affidavit that you are a United States Citizen, a legal permanent resident of the United States, or that you are a qualified alien or non-immigrant under the Federal Immigration and Nationality Act. If you are not a U.S. citizen, you must submit documentation that will determine if you have a qualified alien status. 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. If you are a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, you must provide the alien number issued by the Department of Homeland Security or other federal immigration agency.**  
**This Affidavit form may be found on our website as page 2 of Form A. This form must be signed, dated and notarized.**
- ◇ **Verifiable Document. Send along with your Notarized Affidavit, at least one secure and verifiable document. For a listing of acceptable verifiable documents, see Page 3-4 of Form A.**
- ◇ **FOR APPLICANTS WHO ARE NOT U.S. CITIZENS:**  
If you are not a U.S. citizen, you must submit documentation that will determine if you have a qualified alien status. 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 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.
- ◇ **Form C or Form D – Reference Form** - Applicants must provide two (2) current **references**, addressed to the Board, and must be from licensed physicians, other than proposed employer and/or director of training program, who have supervised you. Applicants downloading application forms from our web site must download two (2) copies of the Physician Assistant Reference Form.
- ◇ **Form E - Basic Job Description – Physician Anesthesiologist Assistant.** Must be signed by the applicant and the primary supervising physician. **OR**

PHYSICIANS ASSISTANT CHECKLIST (CON'T)

- ◇ **Form F - Basic Job Description – Physician Assistant – Primary Care.** Must be signed by the applicant and the primary supervising physician.

**Section J** of the Basic Job Description allows **prescribing privileges** for Physician’s Assistants. If you do not need these privileges, the physician may cross through this section.

**Section K** of the Basic Job Description. The Physician’s Assistant may request, receive and sign for professional samples and may distribute professional samples to patients in accordance with O.C.G.A. § 43-34-103(e.2). The Physician’s Assistant shall maintain, in the office or facility where the Physician’s Assistant is working, a log detailing a complete listing of the specific number and dosage of each professional sample received and dispensed. All professional samples shall be maintained as required by applicable state and federal law and regulations.

- ◇ **Form I - “Verification of Licensure Form”.** If you have ever been issued a physician’s assistant license in another state, regardless of the status of your license, you must have the state licensing board(s) complete and mail the form directly to the Georgia Composite Medical Board. Applicants who download this form from our web site must download one form for each state in which you hold or have held a license.
- ◇ **Form K - Certificate of Education For Physician Assistants,”** Submit this form to your school. Please ask the school to complete this form and mail directly to the Georgia Composite Medical Board.

- ◇ **Resume - Current resume** of activities and education.

- ◇ NATIONAL PRACTITIONER DATA BANK (NPDB)/HEALTHCARE INTEGRITY AND PROTECTION DATA BANK (HIPDB). These data banks are mandated by Congress to track regulatory Board disciplinary actions and certain actions resulting from peer review and malpractice payments. This is to advise you that you must **self-query** the NPDB and the HIPDB on your own as part of the application process for a Georgia medical license. Simply query the data bank using the Internet address at [www.npdb-hipdb.com](http://www.npdb-hipdb.com), then click on Perform a Self-Query from the Quick List on the home page, or call 1-800-767-6732 from 8:30 am to 6:00 pm EST (8:30 to 5:30 on Fridays). **You will be charge a fee from the NPDB for this service.** When you receive the response, **do not open the envelope** – **send the envelope, unopened, directly to the Board along with your application packet.** **Altered envelopes which contain official, original, certified official documents will not be accepted.**

- **You do not have to submit the NPDB-HIPDB report if:**
  - **You have only held a temporary, limited or training license;**
  - **You are a Canadian licensed physician.**
- **You MUST REQUEST the NPDB-HIPDB report if:**
  - **You have an active, inactive or lapsed license in ANY STATE.**

The Board meets 12 times a year to consider completed applications. Your completed application must be received **five (5) business days** before the next monthly board meeting to be considered. Generally, the Medical Board meets the first week of the month in which there is a consecutive Thursday and Friday. (eg, if the Thursday is the 31<sup>st</sup> of a month and Friday is the 1<sup>st</sup> the board will not meet until the following week). Please call us at (404) 656-3913 to confirm our board meeting dates or check our web site for this information. **All approvals will be posted to the website the Monday following the meeting.**