

CLINICAL PERFUSIONIST APPLICATION FOR LICENSURE

GEORGIA MEDICAL BOARD (GMB) USE ONLY

ATTACH CHECK HERE	AP NUMBER _____	FILE NUMBER _____
	RECEIVED _____	COMPLETED _____
	TEMP PERMIT # _____	DATE ISSUED _____
	LICENSE NUMBER _____	DATE ISSUED _____
	WITHDRAWN _____	DATE WITHDRAWN _____
	DENIED _____	DATE DENIED _____

ALL FEES ARE NONREFUNDABLE*

**F E E S A R E
S U B J E C T T O
C H A N G E**

_____Applying for Provisional license

APPLICANT INFORMATION

1. US Social Security Number: _____ - _____ - _____

Please type or print legibly.

2. LAST NAME		FIRST NAME		MIDDLE NAME	
MAIDEN NAME		SEX M F	DATE OF BIRTH (MM/DD/YY)		PLACE OF BIRTH
<input type="checkbox"/> I am a U.S. Citizen <input type="checkbox"/> I am <u>not</u> a U.S. Citizen, but am a qualified alien under the Federal Immigration and Naturalization Act, and I am lawfully present in the United States. (IF YOU CHECKED THIS BOX, SEE CHECKLIST REQUIREMENTS FOR SUBMITTING SUPPORTING DOCUMENTATION)					
3. Mailing address – This address will be used for all official communications from the Georgia Medical Board.					
STREET NUMBER		STREET NAME			APARTMENT #
CITY		STATE		ZIP CODE	COUNTY
(AREA CODE) PHONE NUMBER		(AREA CODE) FAX NUMBER			E-MAIL ADDRESS
4. Practice street address – In addition, this address will be publicly available on our website.					
STREET NUMBER		STREET NAME			SUITE #
CITY		STATE		ZIP CODE	COUNTY
(AREA CODE) PHONE NUMBER		(AREA CODE) FAX NUMBER			E-MAIL ADDRESS
5. Have you served in the armed forces?			IF YES, DATES OF SERVICE (MM/DD/YY – MM/DD/YY)		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			_____		
6. Have you been discharged?			IF YES, DATE OF DISCHARGE (MM/DD/YY)		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable			_____		
			TYPE OF DISCHARGE (ATTACH A COPY OF YOUR DISCHARGE FORM)		

7. Have you ever taken the complete examination given by the American Board of Cardiovascular Perfusion?

_____Yes Certificate Number _____

_____No Date Scheduled to Take Examination: _____

(If you are applying for a provisional license, please indicate the date on which you will take the examination and submit a completed Statement of Supervision Form)

8. I am/have been certified/licensed to practice as a Perfusionist by virtue of certification issued in another duly constituted licensing Board in the United States as follows (use additional pages if necessary)

STATE	DATE OF CERTIFICATION/LICENSURE	CERTIFICATE OR LICENSE NUMBER	ACTIVE/INACTIVE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT QUESTIONNAIRE

- | | YES | NO |
|--|-------|-------|
| 1. Has any board or agency denied issuance of or, pursuant to disciplinary proceedings, refused renewal of license or certificate? | _____ | _____ |
| 2. Have you ever been treated or hospitalized for mental illness, drug or alcohol abuse during the last seven years? | _____ | _____ |
| 3. Have you ever been convicted of a violation of any federal, (including military), state or local statute? | _____ | _____ |
| 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 state licensing board revoked or suspended a license/certificate issued to you or taken other disciplinary action? | _____ | _____ |
| 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. To your knowledge, are you the subject of an investigation by any licensing board as of the date of this application? | _____ | _____ |
| 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? | _____ | _____ |
| 13. What are your practice plans in Georgia? | | |

Education Information

List all colleges, universities and educational programs attended. Attach additional sheets if needed.

A. Perfusion Education Program: _____

Location: _____

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

B. College or University: _____

Location: _____

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

C. Perfusion Education Program: _____

Location: _____

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

D. College or University: _____

Location: _____

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

E. Perfusion Education Program: _____

Location: _____

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

F. College or University: _____

Location: _____

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