GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS
2 PEACHTREE ST., N.W., - 36TH FLOOR – ATLANTA, GA, 30303 –
PH 404.656.3913 – FAX 404.656.9723

NAME:_____ SS#:_____

FORM A
AFFIDAVIT OF APPLICANT

I acknowledge and state that I have read and are familiar with the Clinical Perfusionist Licensure Act rules pertaining thereof. I further state that by filing this application for license as a Licensed Clinical Perfusionist in the State of Georgia I authorize and consent to have an investigation made as to my professional reputation and fitness to practice as a Licensed Clinical Perfusionist. I agree to give any further information that may be required in reference to my past record. I understand that I will not receive a copy of the report or know its content and I further understand that the contents of the investigative report will be privileged unless determined otherwise by the Board or Court Order.

I authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or International), court, association, institution, or other organization having control of my documents, records and other information pertaining to me, to furnish to the Composite State Board of Medical Examiners any such documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Georgia Composite State Board of Medical Examiners or any of its agents or representatives to inspect and make copies of such documents, records, and other information, in connection with this application, subsequent to practice there under.

I authorize and request the Georgia Composite State Board of Medical Examiners to obtain any criminal history information concerning me from any authorized law enforcement agency, including but not limited to the Georgia Crime Information Center (GCIC) and the National Crime Information Center (NCIC).

I hereby release, discharge, and exonerate the Georgia Composite State Board of Medical Examiners for any and all liability of every nature and kind arising out of the furnishing or inspections of such documents, records or other information or any investigation made by the Georgia Composite State Board of Medical Examiners to release information, material, documents, orders or the like relating to me or to this application to any other agency or any other agency of the State of Georgia, the medical licensing agency or any other state or territory of the United States, or Province of Canada, law enforcement agency, hospital or other appropriate agencies as determined by the Board.

I hereby swear or affirm under penalties of perjury that all statements made by me in this application and any attachments hereto and made a part hereof are true and correct.
I understand that false swearing my constitute a felony offense under O.C.G.A. 16-10-71. I understand that working and falsely presenting myself to the public as licensed to practice as a clinical perfusionist is a violation of the Clinical Perfusionist Licensure Act and is a misdemeanor.

PHOTOGRAPH

_____
SIGNATURE OF APPLICANT DATE

APPROXIMATE SIZE
2X4

_____
PRINT NAME OF APPLICANT

_____
CITY, COUNTY AND STATE

Being duly sworn, says that he/she is the person who executed the above application; and that all the statements herein contained are true and that the attached photo is a true photo of the applicant.

Sworn and subscribed to me this _____day of _____, _____

Notary Public_____SEAL

NOTE: SIGNATURE AND NOTARY DATE MUST MATCH.