

COMPOSITE STATE BOARD OF MEDICAL EXAMINERS

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MEDICAL DIRECTOR
Jim H. McNatt, MD

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****DO NOT COMPLETE FORM A FOR THE DELEGATING PHYSICIAN****

DELEGATING PHYSICIAN _____ LICENSE # _____

APRN _____ LICENSE # _____

FORM A DESIGNATED PHYSICIAN INFORMATION

The designated physician is the backup of the delegating physician for consulting purposes in the ABSENCE of the delegating physician.

DESIGNATED PHYSICIAN INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	DEGREE: (MD OR DO)
GEORGIA LICENSE NUMBER _____	DEA REGISTRATION NUMBER _____	SPECIALTY AREA: _____	
PRACTICE ADDRESS:			
STREET NUMBER _____		STREET NAME _____	SUITE # _____
CITY _____	STATE _____	ZIP CODE _____	COUNTY _____
() _____	() _____		@
(AREA CODE) PHONE NUMBER _____		(AREA CODE) FAX NUMBER (OPTIONAL) _____	E-MAIL ADDRESS _____

LICENSE HISTORY –DESIGNATED PHYSICIAN

INSTRUCTIONS: PLEASE INDICATE YOUR CURRENT LICENSE STATUS WITH THE GEORGIA BOARD

DATES OF LICENSURE	(MM/DD/YY TO MM/DD/YY)
CURRENT STATUS OF LICENSE	
ANY DISCIPLINARY ACTION	

360-32-.02(3) (c) Such designation must include the printed name, license number and signature of the designated physician with an affirmation from the designated physician that he or she has agreed to serve as an alternate, has reviewed the nurse protocol agreement and concurs with the terms of the agreement.

DESIGNATED PHYSICIAN SIGNATURE

DATE