

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

**FORM C
VERIFICATION OF LICENSURE/CERTIFICATION**

INSTRUCTION: The State Regulatory Agency in each State which you hold or ever held a license to practice must complete this form and send directly to the Board.

NAME OF APPLICANT: _____

LICENSE NUMBER: _____

PROFESSION IN WHICH LICENSE/CERTIFICATE WAS ISSUED: _____

NAME OF STATE ISSUING LICENSE/CERTIFICATE: _____

DATE ISSUED: _____ CURRENT: _____ NOT CURRENT: _____

IF NOT CURRENT, PLEASE PROVIDE EXPLANATION: _____

DATES OF DISCIPLINARY ACTION (IF APPLICABLE): _____

REASON FOR DISCIPLINARY ACTION: _____

LICENSE ISSUED ON THE BASIS OF: _____

I HEREBY CERTIFY THAT THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND THAT BASED ON RECORDS AVAILABLE TO ME, THE APPLICANT WAS COMPETENT TO PRACTICE WHILE LICENSED/CERTIFIED IN THIS STATE.

NAME OF OFFICIAL OF AGENCY

ORIGINAL SIGNATURE

TITLE

DATE

(SEAL)

PLEASE RETURN THIS FORM TO THE ADDRESS LISTED IN THE HEADING OF THIS FORM.