

# 2009-2010 TEMPORARY RESIDENCY TRAINING PERMIT RENEWAL INFORMATION

## YOU CANNOT RENEW YOUR TEMPORARY RESIDENCY TRAINING PERMIT VIA THE INTERNET

Pursuant to Georgia Law (O.C.G.A. 43-1-19(l)), the failure to renew a permit by the end of an established renewal period shall have the same effect as revocation. Current Temporary Residency Training permits will expire **6-30-2009**. **You shall not continue to practice with an expired permit.** After **08-01-2009**, delinquent permits are revoked for failure to renew and a new application with the appropriate fee shall be required.

### 360-2-.10 - Renewal of Temporary Postgraduate Training Permits.

(1) Each permit holder shall notify the Board within thirty (30) days of all changes of address. Any mailing or notice from the Board shall be considered to be served on the permit holder when sent to the permit holder's last address on file with the Board.

(2) All temporary postgraduate training permits shall expire annually on June 30th, but may, in the discretion of the Board and upon application duly made and payment of the renewal fee required by the Board, be renewed annually for the duration of the postgraduate training program for a period not to exceed seven (7) years.

(3) Deposit of the renewal fee by the Board does not indicate acceptance of the renewal application or that any permit requirements have been fulfilled.

(4) To be eligible for renewal, the permit holder must furnish satisfactory evidence that he or she continues to participate in the postgraduate training program indicated on the completed program director's certification form as required in Rule 360-2-.09(3)(d).

(5) Failure to renew a postgraduate training permit by the designated expiration date shall result in a penalty for late renewal as required by the Board. Postgraduate training permits that are not renewed **within one month** of expiration shall be revoked for failure to renew and a new application with the appropriate fee shall be required.

(6) A permit holder shall not participate in postgraduate training in this State after the expiration of a postgraduate training permit. Authority: OCGA Secs. 43-34-24, 43-34-47.

### Renewal Procedures

- 1.) RENEWAL FORM: Please answer all questions in blue or black ink only. Be sure to sign and date the form.
- 2.) Complete Part 1 of the Temporary Postgraduate Training Permit – Certificate of Postgraduate Training Form. Have your Program Director complete and sign Part 2. A Hospital or Notary seal is required to authenticate this form. Use blue or black ink only.
- 3.) Return items 1 & 2 above with your check or money order payable to:

**Composite State Board of Medical Examiners (CSBME)**  
**Temporary Residency Training Permit Renewal**  
**Attention: Idrisa Smith, Licensing Manager**  
**2 Peachtree Street, N.W. 36<sup>th</sup> Floor**  
**Atlanta, GA 30303**

- 4.) **Renewal Fees:**     **\$50 - Timely Renewal:**     received by the Board on or before **6-30-09**.  
                              **\$100 - Late Renewal:**         received by the Board from **07-01-09** to **07-31-09**.  
                              **\$100- Reinstatement:**         reapply for a permit as of **08-01-09**.

Name:  
 Permit Number:  
 Institution:

**RETURN THIS FORM WITH PAYMENT TO:**

Composite State Board of Medical Examiners (CSBME)  
 Temporary Residency Training Permit Renewal  
 Attention: Idrisa Smith, Licensing Mgr.  
 2 Peachtree Street, N.W. 36<sup>th</sup> Floor  
 Atlanta, GA 30303

**Composite State Board of Medical Examiners  
 2009-2010 TEMPORARY RESIDENCY TRAINING PERMIT RENEWAL**

**COMPLETE ALL APPLICANT QUESTIONS**

	<b>Since your <u>initial</u> temporary residency training permit: 07/01/08</b>	<b>Yes</b>	<b>No</b>
1.	Have you been or are you currently being treated, diagnosed or hospitalized for any mental illness or disorder, or drug or alcohol abuse?		
2.	Have you entered a plea bargain, been indicted or convicted of violating any law, including a DUI (excluding minor traffic violations)? As used in this question, the term "convicted" shall include a finding or verdict of guilt, or a plea of guilty, or a plea of nolo contendere in a criminal proceeding, regardless of whether the adjudication of guilt or sentence is withheld or not entered.		
3.	Have you been denied the privilege of taking an examination given by any licensing Board or agency?		
4.	Has any disciplinary action been taken against you by your employer, another state board, agency or federal agency been arrested for and/or convicted of a violation of any federal (including military)?		
5.	Have you been placed on <u>probation</u> or had practice restrictions with your current medical education program?		
6.	Have you been <u>terminated</u> from your current medical education program?		
7.	Have you <u>resigned</u> from your current medical education program?		
8.	Have you defaulted on a state or federally funded and/or guaranteed school loan?		
9.	Have you defaulted on child support payments?		
10.	Have you had any malpractice suits filed against you?		

**NOTE: IF YOU ANSWER YES TO ANY OF THE QUESTIONS ABOVE YOU ARE REQUIRED TO FURNISH A WRITTEN STATEMENT IN YOUR OWN WORDS SURROUNDING THE INCIDENT. PROVIDE DOCUMENTATION TO INCLUDE ARREST RECORD, TREATING PHYSICIAN DOCUMENTATION, FINAL DISPOSITION OF ARRESTS, ETC... PLEASE ATTACH THIS INFORMATION TO YOUR RENEWAL FORM.**

This is to certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Please have your Program Director complete the **reverse side of this form**

**TEMPORARY POSTGRADUATE TRAINING PERMIT – RENEWAL**

**INSTRUCTIONS:** Rule: Chapter 360-2-.02(1) Applications for a medical license must be complete, including all required documentation, signatures and seals. . .

**PART 1: To be completed by the Applicant**

**LAST NAME** **FIRST NAME** **MIDDLE INITIAL**

**DATE OF BIRTH:** **TELEPHONE NUMBER(S)**  
**HOME:** **WORK:**

**CURRENT TRAINING PROGRAM BUSINESS ADDRESS:**  
**(NOTE: This address will be used as the primary mailing address to receive mail from the Board)**

**CITY** **STATE** **ZIP CODE**

**PART 2: To be completed by the Program Director**

**TYPE OF PROGRAM (CHECK ONE)**

Post Graduate Year:

Clinical Fellow:

**Name of Training Program:**

Beginning date of training:

Projected Program Completion Date:

**This portion of the application must be completed by the Program Director who is licensed in this State.**

**PROGRAM DIRECTOR'S AFFIDAVIT**

I hereby recommend the above applicant be granted a postgraduate training permit. I hereby certify that he/she will limit his/her practice to such acts as may be prescribed by or incidental to the training program, that he/she may train only under the supervision of physicians responsible for supervision as part of the training program and may practice in facilities affiliated with the program only if such practice is part of the training program for which the permit is granted. I hereby recommend the above applicant be granted a postgraduate training permit. I hereby certify that he/she will limit his/her practice to such acts as may be prescribed by or incidental to the training program, that he/she may train only under the supervision of physicians responsible for supervision as part of the training program and may practice in facilities affiliated with the program only if such practice is part of the training program for which the permit is granted. **I understand that I must report to the Board the following within 15 days of the event: any disciplinary action taken against the permit holder for any ground or violation enumerated in O.C.G.A. §§ 43-34-37 and 43-1-19, the permit holder's withdrawal or termination from or completion of a postgraduate training program or the permit holder leaving the program for any length of time in excess of two weeks.**

I hereby recommend the above applicant for advancement to the next level as required in 360-2-.12(4)

Please type or print:

\_\_\_\_\_  
Program Director's Name

\_\_\_\_\_  
Program Director's Title

HOSPITAL SEAL OR NOTARY  
STAMP MUST BE IMPRINTED  
HERE

(MD)  
(DO)

\_\_\_\_\_  
Signature of Program Director

Sworn to and subscribed before  
me this

\_\_\_\_ day of \_\_\_\_\_  
DATE MONTH YEAR

SIGNATURE OF NOTARY PUBLIC

EXPIRATION STAMP must be stamped here

