

**FORM B**  
**STATE BOARD LICENSE VERIFICATION**

**INSTRUCTION: Original verifications of license history certification is required for each permanent, temporary, training, provisional, or limited license obtained in any state in the US or Canadian territory, Canadian province, or US Federal jurisdiction. The issuing authority should mail the verification to the Medical Board. If licensed by examination, give the state.**

Section I: To be completed by applicant. This form should be sent to each state in which you are now or ever have been licensed to practice medicine. This form may be photocopied.

TO: \_\_\_\_\_ Board of Examiners

**I am applying for a Volunteer in Medicine License. The Georgia Board requires that your Board complete this form in order that my application may be considered. By signing this form, I give my consent to the release of any information, favorable or otherwise, for its review, in considering me for licensure. Please mail the completed form as soon as possible to the Board at the address listed below.**

My license number: \_\_\_\_\_ was issued by your Board on \_\_\_\_\_ on the basis of

State Board Exam     FLEX     National Board     National Osteopathic     LMCC     USMLE

\_\_\_\_\_  
FULL NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
APT. NO.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

**Section II: This Section To Be Completed By An Official Of The Above Referenced Licensing Board.  
Do Not Return This Form To Physician.**

ATTN: PHYSICIAN LICENSURE  
Georgia Composite State Boards of Medical Examiners  
2 Peachtree Street, NW 36TH FLOOR  
Atlanta, Georgia 30303

Medical License Number \_\_\_\_\_ to practice medicine and surgery in the

State of \_\_\_\_\_ was issued on \_\_\_\_\_ to Dr. \_\_\_\_\_.

Is license current and in good standing?     Yes     No

Has any disciplinary action ever been taken against this physician?     Yes     No

PLEASE PROVIDE COMPLETE DETAILS, INCLUDING COPIES OF ANY DOCUMENTS.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
State Board

BOARD SEAL MUST BE IMPRINTED HERE