

**FORM F  
SPECIFIC POWER OF ATTORNEY**

I, \_\_\_\_\_, do hereby authorize and direct \_\_\_\_\_ and its agents and employees, by this Specific Power of Attorney to carry out and execute certain duties pursuant to my request and necessary in \_\_\_\_\_'s reasonable judgment in connection with my pursuit of an institutional physician license in the State of Georgia ("Licensed State").

It is expressly understood and agreed that this Specific Power of Attorney authorizes \_\_\_\_\_ to make inquiries as to the status of my application for an institutional physician license in the Licensed State. This Specific Power of Attorney does not authorize \_\_\_\_\_ to act on my behalf for any other purpose and shall expire on the date I am granted an institutional physician license in the Licensed State, the date my application for an institutional physician license is denied, or upon \_\_\_\_\_'s receipt of written notice from me of revocation of this Specific Power of Attorney.

I hereby release \_\_\_\_\_ and the Licensed State from any and all liability, damages, claims for damages, suits, actions and causes of action which may accrue as a result of \_\_\_\_\_ acting on my behalf in connection with my pursuit of an institutional license in the Licensed State.

PRINTED NAME OF APPLICANT _____ SIGNATURE OF APPLICANT _____	Being duly sworn, says that he/she is the person who executed the above application for an institutional physician license in the State of Georgia; and that all the statements herein contained are true in every respect.	NOTARY SEAL MUST BE IMPRINTED HERE
Sworn and subscribed to me this ____ day of _____, _____ _____ (Notary Public)	My Commission Expires _____	