



NOTE: The Board may require the physician applicant and a representative of the institution to appear for a personal interview before the Board or the committee.

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**Hospital Administrator Signature**

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**Date Signed**

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**Applicant Physician Signature**

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**Date Signed**

**Return the completed form to:  
Georgia Composite Medical Board  
Attention: Institutional Physician Licensure  
2 Peachtree Street, N.W., - 36<sup>th</sup> Floor  
Atlanta, GA 30301**