

Georgia Board of Chiropractic Examiners
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440

TEMPORARY LICENSE APPLICATION INFORMATION SHEET

PLEASE LOG ON TO THE BULLET UNDER GEORGIA RULES AND REGULATIONS PERTAINING TO A TEMPORARY LICENSE. **RULE & REGULATIONS #100-16-.01. IT IS EXTREMELY IMPORTANT THAT YOU REVIEW AND UNDERSTAND THESE RULES AND REGULATIONS.** YOU SHOULD ALSO PROVIDE YOUR SUPERVISING CHIROPRACTOR WITH A COPY OF THESE RULES AND REGULATIONS.

1. The attached application must be completed in its entirety and submitted with a check in the amount of \$300.00 made payable to the Georgia Board of Chiropractic Examiners. **THE \$300 FEE IS A NON-REFUNDABLE APPLICATION FEE.** The fee for checks returned due to non-sufficient funds is \$40.00.
2. The Certification of Licensure form should be sent to every State or Country in which you hold a license. (Additional copies of this form may be made). After completion of the form, the State or Country should mail the completed form directly to our office.
3. The affidavit of a Georgia-Licensed Chiropractor Supervising Temporary License Holder should be sent to the Georgia Chiropractor who will be supervising you during this period. After completion, the Affidavit should be submitted with your application to our office.
4. **An application for the next scheduled licensure examination must be submitted before an application for a temporary license will be accepted.**
5. Upon receipt of the examination application, all required application documents, the required fee, the completed application for a temporary license, application fee, all required certification forms, and the completed affidavit of the supervising chiropractor, a temporary license may then be issued.
IMPORTANT NOTE: Please download the examination application from our website and submit it along with the temporary application and the required fees.

GEORGIA BOARD OF CHIROPRACTIC EXAMINERS

237 Coliseum Drive
MACON, GA 31217
(478) 207-2440

APPLICATION FOR A TEMPORARY LICENSE

\$300 NON-REFUNDABLE APPLICATION FEE

1. Name _____
(Last) (First) (Middle) (Maiden)

2. Address _____
(Street) (City) (State) (Zip Code) (Telephone#)

3. Date of Birth _____ Place of Birth _____ Social Security # _____

4. Email Address _____

Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. **Your email address will not be shared with any third party.**

____ I am a U.S. citizen ____ **I am not a U.S. citizen** but am a qualified alien under the federal Immigration and Naturalization Act and I am lawfully present in the United States **** Submit attached checklist form with documentation**

5. EDUCATION:

A. Name of Chiropractic College Attended _____

Location _____

Date of Graduation _____

6. LICENSURE:

States in which applicant hold license(s) issued by examination _____

7. SUPERVISION:

Name of Supervising Georgia Chiropractor _____ License # _____

8. Have you had any previous sanctions, convictions, pleas of guilty, pleas or convictions upon which first offender treatment without adjudication of guilt has been given, plea of nolo contendere? () YES () NO **If yes, please attach an explanation and copies of the legal documents pertaining to this matter and have the official documents sent to the Georgia Board of Chiropractic Examiners.**

9. Have you violated any statute, law, rule, or regulation of this State, any other State, the Board, the United States, or any other lawful authority to the practice of chiropractic? ()YES () NO
If yes, please attach an explanation and copies of the documents pertaining to this matter and have the official documents sent to the Georgia Board of Chiropractic Examiners.
10. Have you ever had revoked or suspended or otherwise sanctioned any license issued by any Board or agency in Georgia, or in any other State, or in any other Country? ()YES () NO
If yes, please attach an explanation and have the official documents sent to the Georgia Board of Chiropractic Examiners.
11. Have you ever been denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license by any board of agency in Georgia, or in any other State, or in any other Country? () YES () NO **If yes, please attach an explanation and have the official documents sent to the Georgia Board of Chiropractic Examiners.**
12. Have you ever had any malpractice action taken against you or do you have any pending malpractice action? () YES () NO **If yes, please attach an explanation and have the official documents sent to the Georgia Board of Chiropractic Examiners.**
13. **Attach a recent (within 90 days) photograph here.**

AFFIDAVIT OF APPLICANT:

County of: _____

State of: _____

Personally appeared before me, the undersigned official authorized to administer oaths, came the applicant _____ who deposes and swears that he/she is the person who executed this application for a temporary license to practice Chiropractic in the State of Georgia; and that all of the statements contained herein are true to the best of his/her knowledge and belief.

 (Signature of Applicant)

Sworn to and subscribed before me this
 ___ day of _____, 20 _____

 (Notary Public)

My commission Expires _____

**AFFIDAVIT OF GEORGIA LICENSED CHIROPRACTOR
SUPERVISING TEMPORARY LICENSE HOLDER**

This form should be sent to the Georgia-Licensed Chiropractor who will be supervising the applicant for a Georgia temporary chiropractor license. After completing the form, the supervising chiropractor should return it to the following address: **Georgia Board of Chiropractic Examiners, 237 Coliseum Drive, Macon, GA 31217.**

Name of Supervising Chiropractor: _____ License # _____

Address _____
(Street) (City) (State) (Zip Code)

Name of Employee Chiropractor to be supervised _____

I, _____, have read and understand Rule Chapter 100-16 of The Georgia Board of Chiropractic Examiners pertaining to Temporary Licenses, the responsibilities of the temporary License Holder, and the responsibilities of the supervising chiropractor. I am aware that any willful failure to adequately provide supervision and direction to a temporary license holder in my supervision may result in disciplinary action being initiated against my license.

I also certify that I am not under a current disciplinary sanction nor have I ever had any disciplinary sanctions issued by Georgia or another licensing agency resulting from unprofessional conduct, including, but not limited to a felony conviction, a standard of care case, or crime involving moral turpitude.

I understand that I may not supervise more than one temporary license holder at a time. In the event that a temporary license holder does not take and successfully pass the next available licensing examination, the temporary license will expire and I shall immediately assume responsibility for all patients being treated by the temporary license holder. I will be the responsible for notifying in writing, within 72 hours of the expiration of the temporary license, all patients who were treated by the former temporary license holder advising them of the reason for the change in the doctor of chiropractor.

(Signature of Supervising Chiropractor)

Sworn to and subscribed before me this

____ day of _____ 20____

(Notary Public)

My Commission Expires _____

(SEAL)

CERTIFICATION OF LICENSURE

If needed this form may be duplicated

This form should be sent to every State and /or Country where a Chiropractic license is held. The appropriate licensing agency should complete this form and return it to the following address: **Georgia Board of Chiropractic Examiners, 237 Coliseum Drive, Macon, Georgia 31217.**

Chiropractic License Number _____ to practice chiropractic in the State or Country of _____
was issued on _____ to Dr. _____.

Licensed by reason of: State Board Examination
 National Boards- Check all applicable sections:
 Part I Part II
 Part III Part IV

Is this license current and in good standing? yes no*

Has any Disciplinary action ever been taken against this chiropractor? yes * no

Is there any disciplinary action pending against this chiropractor? yes * no

***PLEASE PROVIDE COMPLETE DETAILS, INCLUDING COPIES OF ANY DOCUMENTS.**

Signed _____ Date: _____

Title _____

State Board/Country Licensing Agency: _____

Telephone Number _____

SEAL

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

Please check the box which applies to your status. You must provide copies of the required documentation as an attachment to this form.

Alien Lawfully Admitted for Permanent Residence:

- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
- Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

Asylee:

- INS Form I-94 annotated with stamp showing admission under §208 of the INA
- INS Form I-688B (Employment Authorization Card) annotated "27a.12(a) (5)"
- INS Form I-766 (Employment Authorization Document) annotated "A5"
- Grant letter from the asylum office of INS
- Order of an immigration judge granting asylum

Refugee:

- INS Form I-94 annotated with stamp showing admission under §207 of the INA
- INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (3)"
- INS Form I-766 (Employment Authorization Document) annotated "A3"
- INS Form I-571 (Refugee Travel Document)

Alien Paroled Into the U.S. for at Least One Year:

- INS Form I-94 with stamp showing admission for at least one year under §212(d) (5) of the INA

Alien Whose Deportation or Removal Was Withheld:

- INS Form I-688B (Employment Authorization Card) annotated "274a.12 (a) (10)"
- INS Form I-766 (Employment Authorization Document) annotated "A10"
- Order from an immigration judge showing deportation withheld under §241 (b) (3) of the INA

Alien Granted Conditional Entry:

- INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA
- INS Form I-688B (Employment Authorization Card) annotated "274a.12 (1) (3)"
- INS Form I-766 (Employment Authorization Document) annotated "A3"

Cuban/Haitian Entrant:

- INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6
- Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7
- INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under §212(d) (5) of the INA

Alien Who Has Been Battered or Subjected to Extreme Cruelty:

- INS petition and appropriate supporting documentation

Name of Applicant

Georgia Board of Chiropractic Examiners

237 Coliseum Drive

Macon, GA 31217

(478) 207-2440

(Fax) (866) 888-1308

<http://sos.ga.gov/index.php/licensing/plb/14>

APPLICATION FOR CHIROPRACTIC - INITIAL LICENSURE

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Chiropractic in the State of Georgia. Visit the Board's website for information at:

<http://sos.ga.gov/index.php/licensing/plb/14>.

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board.

Please review this application before you submit it to ensure that all information and documentation is complete and correct.

Please mail your application in a 9X12, or larger, envelope with pages unfolded and unstapled.

Incomplete applications result in delayed processing.

Incomplete applications are void after one year.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a **COMPLETE** application.

The \$275. **non-refundable** application fee payable to **Georgia Board of Chiropractic Examiners** must be included with application. The fee for checks returned due to non-sufficient funds is \$40.00.

APPLICATION INFORMATION SHEET

The following items are required to complete your application for licensure:

- NOTARIZED APPLICATION:** The two-page application must be mailed to the Board's office at the address listed above, along with your **FEE** and **PHOTOGRAPH** – a passport type photograph taken within one year before the submission of the application. All questions must be answered. Any question answered "yes", requires further documentation to be submitted. Attach an explanation if you have had any criminal convictions or charges, or sanctions by another state licensing board. The Board, at their next scheduled meeting, will review the application with required documentation. Approval of licensure is at the Board's discretion.
- NATIONAL BOARD SCORES – I, II, III, and IV:** All applicants are required to pass Parts I, II, III and IV of the National Board of Chiropractic Examiners examination (passing score = 375). Please contact the National Board Administrative Offices at (970) 356-9100 and have them certify your scores to Georgia.

- DEGREE TRANSCRIPT:** All applicants for licensure must have graduated from a CCE approved chiropractic school or college. An **official** Chiropractic College transcript certifying the grades, degree conferred and the date awarded must be received in this office directly from the Registrar of the college/school.
- UNDERGRADUATE SCHOOL TRANSCRIPT(S):** The undergraduate transcripts should be certified and mailed directly from the Registrar of the school to the Board's office. You must submit undergraduate transcripts to show that you obtained either 60 semester or 90 quarter hours.
- OTHER STATE LICENSURE CERTIFICATION:** If you are or have ever been licensed in another State(s), please have that/those State(s) officially certify that license directly to the Board's office.
 - If your name has changed since you attended school, please make a note on the application advising of your former name(s) so we can match-up the documents with your application.
 - If you obtained the required 120 classroom hours of physiotherapy to become certified for Electrical Therapeutic Modalities, you must submit proof to the Board's office. If these hours are included in your chiropractic transcripts, no further documentation is needed.
- Jurisprudence Examination:** The examination must be downloaded from our website (see applications and other forms) The study materials are also on our website at <http://sos.ga.gov/index.php/licensing/plb/14> **A score of 75 or higher is considered a passing score.**

FOR BOARD USE ONLY
 Amount Submitted _____
 Date _____
 Receipt # _____



FOR BOARD USE ONLY
 Certificate Number _____
 Date Issued _____
 Applicant No. _____

GEORGIA BOARD OF CHIROPRACTIC EXAMINERS

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<http://sos.ga.gov/index.php/licensing/plb/14>

APPLICATION FOR CHIROPRACTIC LICENSURE

Application Fee \$275. (non-refundable)
License Type: Initial Chiropractic

Method Obtained by: Application

Name as desired on License _____
 First Middle Last

Name as shown on exam records or transcripts
 (if different) _____
 First Middle Last

Social Security Number** **Date of Birth** **Email Address**

Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. **Your email address will not be shared with any third party.**

____ I am a U.S. citizen **I am not a U.S. citizen** but am a qualified alien under the federal Immigration and Naturalization Act and I am lawfully present in the United States ****Submit attached checklist form with documentation**

Physical Address _____
 Number and Street Apt. No City/State Zip
P.O. Box not acceptable

Mailing Address _____
 (if different) Number and Street Apt. No City/State Zip

 Telephone Number Day Telephone Number Evening

(*Please note that once you begin working, or practice is established, you must notify the Board of your practice address. **This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §§ 19-11-1, 20-3-295, 42 U.S.C.A. § 551 and 20 U.S.C.A. § 1001.)

BACKGROUND INFORMATION

1. Have you ever been the subject of any academic disciplinary action involving moral turpitude at any chiropractic school or college you attended? () Yes () No If yes, please attach an explanation and have the official documents sent to the Georgia Board of Chiropractic Examiners.
2. Have you ever been arrested, convicted, sentenced, pled guilty, or given first offender status for any felony, misdemeanor, or any offense other than a minor traffic violation? (DWI or DUI's are NOT minor traffic violations)
 () Yes () No If yes, please attach an explanation and have the official documents **for all issues** sent to the Georgia Board of Chiropractic Examiners.

3. Have you ever failed or been denied an examination by any State Board of Chiropractic? () **Yes** () **No**
If yes, please attach an explanation and have the official documents sent to the Georgia Board of Chiropractic Examiners.

4. Have you ever had a license revoked, suspended, or otherwise sanctioned by any board or agency in Georgia or in any other State, or under any type of investigation? () **Yes** () **No** If yes, please attach an explanation and have the official documents sent to the Georgia Board of Chiropractic Examiners.

5. Have you ever been denied issuance of, or pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or any other State? () **Yes** () **No** If yes, please attach an explanation and have the official documents sent to the Georgia Board of Chiropractic Examiners.

6. Have you ever had any restrictions as a Medicaid or Medicare provider? () **Yes** () **No** If yes, please attach an explanation and have the official documents sent to the Georgia Board of Chiropractic Examiners.

PROFESSIONAL INFORMATION

7. Please list any state(s) or country that you are licensed as a chiropractor, and have each Board send an official license certification to the Georgia Board: **If not applicable check here: () n/a and intital**

State where initially licensed: _____ Status: _____ Active practice within last 3 years? **Yes** **No**

State: _____ Status: _____ Active practice within last 3 years? **Yes** **No**

State: _____ Status: _____ Active practice within last 3 years? **Yes** **No**

EMPLOYMENT HISTORY

8. Please List places of employment (Indicate most recent first).

A. Employer Name: _____ City: _____ State: _____

Dates of Employment: _____ Job Title: _____

B. Employer Name: _____ City: _____ State: _____

Dates of Employment: _____ Job Title: _____

PROFESSIONAL EDUCATION

9. UNDERGRADUATE COLLEGE TRAINING:

Name of School: _____

Name of School: _____

Location: _____
(City and State)

Location: _____
(City and State)

CHIROPRACTIC GRADUATE EDUCATION:

Name of School: _____

Graduation Date: _____

Location: _____
(City and State)

Degree Awarded: _____

Have you successfully passed the National Board of Chiropractic Examination? **Yes** **No**

*Please check all parts passed.

Part I ____ Part II ____ Part III ____ Part IV ____

Have you completed 120 hours for Physiotherapy Certification? Yes No

AFFIDAVIT OF APPLICANT

I, the undersigned, do hereby affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. Further, I consent to a thorough investigation of my employment record and other information that may be necessary to verify my qualifications to practice. I understand that any final disciplinary action that may ever be taken against my license, if it is granted, would be provided to a national disciplinary reporting system and that my Social Security number would be a part of that report.

Date

Signature of Applicant

AFFIDAVIT OF NOTARY PUBLIC

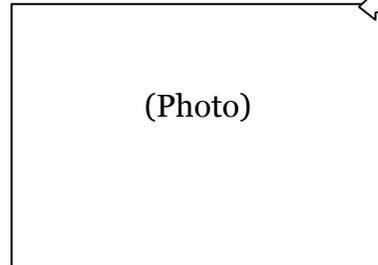
Personally appeared before me, the undersigned official authorized to administer oaths, came _____ who deposes and swears that he/she is the person who executed this application for a license to practice chiropractic in the state of Georgia; and that all of the statements herein contained are true to the best of his or her knowledge and belief.

Sworn to and subscribed before me this
____ day of _____, 20_

(Notary Public)

My Commission Expires: _____

ATTACH PHOTO HERE



Georgia Bureau of Investigation
Georgia Crime Information Center (GCIC)

Consent Form

I hereby authorize the Georgia Board of Chiropractic Examiners to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local justice agency in Georgia.

Full Name (Print)

Address

Sex

Race

Date of Birth

Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice Applicant's Privacy Rights and the Privacy Act Statement (Title 28 United States Code § 534) and affirm that I have retained a copy (attachments A and B) for my records.

Signature

Date

Special employment provisions (check if applicable):

Employment with mentally disabled (Purpose Code "M")

Employment with elder care (Purpose code "N")

Employment with children (Purpose code "W")

One of the following must be checked:

This authorization is valid for 90 / 180 / _____ (circle or enter) days from date of signature.

I, _____
give consent to the above named to perform periodic criminal background checks for the duration of my licensure with this state.

Attachment A

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

Attachment B

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

LICENSE NO: _____

(Printed Name of Applicant)

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2 Issued
July 10, 2013 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIRA"), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A unexpired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:

<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law¹ [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____An unexpired driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

¹ Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law.