GEORGIA BOARD OF MASSAGE THERAPY
237 Coliseum Drive, Macon, Georgia 31217-3858
478-207-2440 * http://sos.ga.gov/index.php/licensing/plb/33

GENERAL INSTRUCTIONS – REINSTATEMENT OF LICENSE

Please read these instructions and the Georgia Law and Rules for Massage Therapy prior to completing this application.

You may not practice as a massage therapist in Georgia without an active license

In addition to filing this application for reinstatement of a lapsed or revoked license, this form is also used to file for the reinstatement of a license that has been in Inactive Status for more than five (5) years.

APPLICATION FOR LICENSURE BY REINSTATEMENT: ALL APPLICANTS MUST SUBMIT THE FOLLOWING DOCUMENTATION FOR REINSTATEMENT
*****Reinstatement of a license is at the sole discretion of the Board*****

APPLICATION: Type or print in ink. You must respond to all questions and requests on the application or it will be returned for you to complete. Include a recent passport photograph taken within the last 12 months. Application must be notarized by notary public. Mail the application, the application fee, and any additional required documents to: **Georgia Board of Massage Therapy, 237 Coliseum Drive, Macon, Georgia 31217-3858**

APPLICATION FEE: The respective fee must accompany your application – see fee schedule. The application fee is **NON-REFUNDABLE** and cannot be combined with any other fee. **Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. § 16-9-20. Make checks/money orders payable to: Georgia Board of Massage Therapy.**

PROOF OF CONTINUING EDUCATION: You are required to submit to the Board with your application proof of Continuing Education hours. You must submit certificates of completion with course outlines/agenda pursuant to Board Rule 345-4-.02 which states twenty-four (24) hours of Continuing Education are required to be obtained within one (1) year of the date of this reinstatement application. 12 of the 24 hours submitted must be "Hands On" hours – see Board rules.

ADDITIONAL DOCUMENTATION

VERIFICATION OF LICENSE: If you hold or have held a license as a Massage Therapist in any other state, jurisdiction or territory, request each state, jurisdiction or territory provide you with official, certified verification of licensure, or, they can mail the documentation directly to the Board. There may be a fee. The Board's mailing address is:
Georgia Massage Therapy Board, 237 Coliseum Drive, Macon, Georgia 31217-3858.

VERIFICATION OF PRACTICE/EMPLOYMENT: Request your most recent employer to complete the employment verification form verifying date of last practice as a massage therapist. The form must be forwarded to your employer for completion and either mailed back by the employer **directly** to the Georgia Massage Therapy Board at the address on the form, or provided to the applicant to submit with your application materials. **The section which verifies practice must be completed by your employer, not the applicant. If you are self-employed, complete and sign the form yourself.**

NATIONAL EXAMINATIONS: **If the verification of your passing one of the required exams IS NOT ON FILE WITH THE GA BOARD, and is determined by the Board as a requirement for the reinstatement of your license, you must show evidence of passing one of the Boards approved National Examinations. Applicant must request official verification from the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) showing the applicant has passed either the "National Certification Exam for Therapeutic Massage" (NCETM), the "National Certification Exam for Therapeutic Massage & Bodywork" (NCETMB) or the National Examination for State Licensing (NESL). NO COPIES, or, Official verification from the Federation of State Massage Therapy Boards (FSMTB) showing the applicant has passed the "Massage and Bodywork Licensing Examination" (MBLEX). NO COPIES**

ADDRESS/E-MAIL CHANGE: You may update your address/e-mail address online, or, write/ fax the Board an address or e-mail address change. Please indicate that you are an applicant for reinstatement in your request. The post office does not forward mail from the Board office. **Please mail address change to: Georgia Massage Therapy Board, 237 Coliseum Drive, Macon, Georgia 31217-3858. The fax # is 866-888-7172. Online:**
https://secure.sos.state.ga.us/mylicense/Login.aspx?process=ren

BACKGROUND INFORMATION: Please provide details in a letter of explanation for any arrest or conviction; any plea of guilty, nolo contendere, or having been sentenced under the "First Offender Act" for any felony, misdemeanor or any offense other than a minor traffic violation? DWI or DUI are not minor traffic violations. Also, you must report any disciplinary action or investigation involving any professional license you may hold or have held, in any state, jurisdiction or territory, and, submit copies of the official court or other official document which indicates the final disposition of any reported incidents as described. You are expected to read each question carefully and completely and to notify the Board of any changes in the background information.	
APPLICATION STATUS, BOARD REVIEW, AND DECISION: Only completed applications with all supporting documents/fees will be presented to Board for review. An application is considered complete when all supporting documents are received. It is the applicant's responsibility to follow-up on the application status. **Applications are valid for 12 months.** Any decision of the Board following a Board review of an application is communicated by e-mail or USPS mail within 5-10 business days following a scheduled Board meeting. The Board staff is not authorized to communicate a decision of the Board over the telephone.	
Citizenship or Lawful Presence	Please see pages 6, 8 & 9of this application for new requirements to verify your US Citizenship or lawful presence in the USA to work. Your application cannot be processed without this information.

SECURE & VERIFIABLE DOCUMENT	Changes to Georgia Law (OCGA 50-36-1) provide that **all applicants for licensure** provide a "Secure & Verifiable Document" with their application. The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "not 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. **ALL APPLICANTS FOR MASSAGE THERAPIST LICENSURE MUST PROVIDE THIS DOCUMENTATION OR THE APPLICATION WILL NOT BE PROCESSED.** See pages 8 & 9 of this application for more information.
CRIMINAL BACKGROUND CHECK (See the instructions posted on the same site you obtained this application from for printing)	Criminal background checks are required by the law (O.C.G.A. § 43-24A-8, 13) for each application submitted. Refer to the Georgia Board of Massage Therapy website at http://sos.ga.gov/index.php/licensing/plb/33 under "Download Forms" for "MT Fingerprint COGENT-GAPS Instructions." Applicants must register with Cogent Systems and follow the guidelines found at their website at www.ga.cogentid.com. **The Georgia Board of Massage Therapy is not responsible for unacceptable fingerprints. DO NOT mail fingerprint cards to the Board Office.** They will be returned to you & this will delay the processing of your application. For those applicants NOT located/living in the state of GA, the fingerprints & processing must be completed at a Georgia Cogent/GAPS location. **It is imperative that you complete your fingerprints & application timely as any applicant who has not been issued a license within six (6) months of the date of your prints, may be required to obtain new fingerprinting results at your own expense**.

DO NOT INCLUDE THESE INSTRUCTION PAGES WHEN SUBMITTING YOUR APPLICATION FOR LICENSURE TO THE BOARD – ONLY SUBMIT THE FOLLOWING PAGES (3-9)

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

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

Georgia Board of Massage Therapy

237 Coliseum Drive * Macon, Georgia 31217-3858
(478)207-2440 * http://sos.ga.gov/index.php/licensing/plb/33

APPLICATION FOR REINSTATEMENT OF LICENSE

REINSTATEMENT IS AT THE DISCRETION OF THE BOARD

Application Fee: $200.00 – Non-Refundable

(Checks returned for insufficient funds will be assessed a $40.00 service charge pursuant to O.C.G.A. §16-9-20).

SECTION I: PERSONAL INFORMATION

NAME _____
Last First Middle (Maiden)

NAME (in which license was originally issued if different): _____
Last First Middle (Maiden)

***SOCIAL SECURITY #** ___ - __ - ____ **DATE OF BIRTH** MM - DD - YYYY

(*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, U.S.C.A §§ 551, 20 & 1001)

PHYSICAL ADDRESS _____
HOME ADDRESS (P.O. BOX, NOT ACCEPTABLE) APT #

_____ __ _____ - ____
CITY STATE ZIP

Your name, mailing address and license number are public information and your mailing address only will appear on the internet. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change.

MAILING ADDRESS _____
MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS – P.O. Box is acceptable) APT#

_____ __ _____ - ____
CITY STATE ZIP

DAYTIME PHONE ___ - ___ - ____ **OTHER PHONE** ___ - ___ - ____

E-MAIL ADDRESS: _____ **Male** _____ **Female** _____

Acknowledgement of your application will be sent by e-mail. Also, if any additional information is needed, e-mail is the most efficient way for the Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change. YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.

I hereby apply to reinstate my Massage Therapy license MT_____; Date issued ____/_____/_____;
License #

Date expired: ____/_____/_____. Reason license was not renewed: _____

_____

Have you completed the required Continuing Education hours? ( ) Yes ( ) No (Verification is required for reinstatement consideration; attach copies of certificates, course outlines/agenda for the hours obtained within one (1) year of the date of this reinstatement application).

SECTION II: PROFESSIONAL INFORMATION

Do you hold a license to practice as a Massage Therapist in another state? ( ) Yes ( ) No
(If no, continue to the next question. If yes, please provide the following information, and contact each State Board to request certified/official verification of your license and its current status. Submit the certified verification with your application, or, request it be mailed directly to: Georgia Massage Therapy Board, 237 Coliseum Drive, Macon, Georgia 31217-3858.

State: _____ License #: _____ Expiration Date: _____

State: _____ License #: _____ Expiration Date: _____

State: _____ License #: _____ Expiration Date: _____

List any other license or certificate you hold or may have held in another profession:

State: _____ Type: _____ License #: _____ Expiration Date: _____

State: _____ Type: _____ License #: _____ Expiration Date: _____

State: _____ Type: _____ License #: _____ Expiration Date: _____

***Note: The Board does not require license/certification listed above to be verified. You may provide copies of your licensure card or certificate if you choose to do so. However, if you have had any disciplinary action taken against the above listed license/certification, provide the Board with a copy of the official document which provides the final disposition of the action(s) taken.**

SECTION III: EDUCATION/EXAMINATION INFORMATION

NAME, CITY AND STATE OF YOUR MASSAGE THERAPY EDUCATION PROGRAM:

_____

Date of graduation: _____ Certification or Diploma: _____

WHAT CITY AND STATE DID YOU ATTEND HIGH SCHOOL? _____

NAME OF HIGH SCHOOL _____

Did you graduate? ☐ **YES** ☐ **NO** **Give the date of graduation _____**
Circle how many years were completed. 1 2 3 4 5

If you did not graduate from high school, do you have a GED or other high school equivalency certificate? ☐ **NO**

☐ **YES, Give date of completion _____**

*** NOTE: A copy of High School Diploma, GED or Certificate may be requested as evidence of completion.**

Have you taken and passed either the National Certification Board of Therapeutic Massage and Bodywork (NCBTMB) NCETM, NCETMB or NESL exam, or, the Federation of State Massage Therapy Boards (FSMTB) MBLEx exam? ( ) Yes ( ) No

If yes, indicate which exam and date passed: _____ _____
Examination Date Passed

If no, please indicate reason for not taking/passing one of the Board approved examinations:

_____

(Some applicants for reinstatement may be required to take and pass one of the recognized exams before licensure reinstatement is considered/granted by the Board)

Were you originally licensed as a Massage Therapist in Georgia under the "Grandfathering In" provisions effective for applications received on or before June 30, 2007? ( ) Yes ( ) No

SECTION IV: MASSAGE THERAPY PRACTICE/EMPLOYMENT

Have you practiced as a Massage Therapist in Georgia, or any other state, since your license expired?
( ) Yes ( ) No * If yes, list below the dates of employment, name of employer or agency, and job title.

When did you last practice as a Massage Therapist: ____/_____/_____
Month/Day/Year

(Provide your last three places of employment; list the most recent employer first):

MT Practice (yes or no)	Place of practice: Name of Employer or Agency, city and state:	Job Title	Dates of Employment:
☐ YES ☐ NO			
☐ YES ☐ NO			
☐ YES ☐ NO			

*** NOTE: Submit the Verification of Employment form (page 7) to your most recent Employer to verify practice/employment as a paid Massage Therapist. Section II of the Verification of Employment form must be completed and signed by your employer. The form will not be accepted if completed by the applicant. The form may be submitted with your application or mailed directly to the Board by the employer, but MUST not be completed/filled out by the applicant.**
****If you are self-employed, complete the Verification of Employment form yourself, indicate self-employed, and sign it.**

SECTION V: BACKGROUND INFORMATION

If you answer "yes" to any of the following questions, you are required to provide a written explanation of the action or incident. For the first question, if you answer 'yes", you must submit a certified copy of the official document (indictments, court orders, police records, certified warrants, court dismissals, verdicts or first offender treatment, etc) which indicate the final disposition of any reported event or incident. For next two questions, if you answered "yes", provide a detailed letter of explanation and a copy of any Board or regulatory authority's order or action of the Board or authority. You are expected to read each question carefully and completely. In addition, you are to notify the Board of any future events as described below. You will be asked to certify under oath that the answers are true and correct. Failure to answer these questions truthfully may constitute grounds for the denial your application, Failure to notify the Board of any future incidents may constitute grounds for disciplinary actions.

HAVE YOU EVER BEEN ARRESTED, CONVICTED, SENTENCED, PLED GUILTY, OR NOLO CONTENDERE OR BEEN GIVEN FIRST OFFENDER STATUS FOR ANY FELONY, MISDEMEANOR OR ANY OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? (DWI AND DUI* ARE NOT MINOR TRAFFIC VIOLATIONS.) If yes, please provide a complete explanation of each offense and provide certified copies of the final court disposition or other supporting documents for each as well. (Note: You must respond, "yes" if you pleaded and completed probation as a First Offender.)
( ) Yes ( ) No

***(DUI/DWI are not considered minor traffic violations. For purposes of this question; "felony" includes any offenses which, if committed in this state, would be deemed a felony. For purposes of this question, a "conviction" includes a finding or verdict of guilty, or a plea of nolo contendere, in a criminal proceeding regardless of whether an appeal of the conviction has been sought, and, also includes any adjudication of guilt or sentence withheld or not entered pursuant to the provisions of Code Sections §§42-08-64, relating to first offenders, or any comparable rule or statue.**

Has any other licensing Board or other regulatory Agency in Georgia or any other state:

a. **Denied your license application, renewal or reinstatement? ( ) Yes ( ) No**
c. **Reprimanded, suspended, revoked, fined, restricted, placed you on probation, requested or accepted the voluntary surrender of your license? ( ) Yes ( ) No**

In the past have you:

a. **Failed or been refused an examination by any professional organization, Board or other regulatory entity? ( ) Yes ( ) No**
b. **Had professional liability suits filed against you? ( ) Yes ( ) No**
c. **Used drugs or other intoxicating substances to the extent that these affected your professional competence? ( ) Yes ( ) No**
d. **Been reprimanded, demoted, disciplined, terminated, or cautioned by an employer? ( ) Yes ( ) No**

SECTION VI: APPLICANT SIGNATURE AND AFFIDAVIT

YOU MUST SIGN THIS AFFIDAVIT IN THE PRESENCE OF A NOTARY

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Massage Therapy, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on pages 8 & 9 of this application.**

2) _____ I am **not** a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number (See pages 8 & 9 of this application).**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Massage Therapy and/or criminal prosecution.

_____

Signature of Applicant _____

Date_____

Sworn to and subscribed before me this

_____ **day of** _____**, 20**____

_____ **(Notary Seal)**
Notary Public Signature

My commission expires: _____

Note to Notary: Application should be signed with proper ID.

PLEASE SEPARATE THIS FORM, GIVE TO YOUR MOST RECENT EMPLOYER TO COMPLETE, AND RETURN THE COMPLETED, SIGNED AND NOTARIZED FORM TO THE BOARD:

GEORGIA BOARD OF MASSAGE THERAPY

237 COLISEUM DRIVE, MACON, GEORGIA 31217-3858

VERIFICATION OF EMPLOYMENT

Instructions:
1. Applicant: complete Section I and sign.
2. Submit this form to your most recent **employer (Personnel Director, Human Resources Department)** who can provide verification of your practice as a massage therapist.
3. If you are self-employed, complete the Verification of Employment form yourself, indicate self-employed, and sign it.
4. Return the completed, signed and notarized form with your application materials to the Board.

Section I (To be completed by applicant)

Printed Name of Applicant: _____
Last **First** **Middle** **Maiden**

Applicants Address: _____
Street **City** **State** **Zip Code**

RELEASE: I do hereby consent to and authorize the release of any and all records and information concerning my employment as a Massage Therapist to the Georgia Board of Massage Therapy. I understand this information is required as part of the application for licensure process.

_____ _____
APPLICANTS SIGNATURE PHONE NUMBER(S)

APPLICANT – DO NOT WRITE BELOW THIS LINE:

(If Self-Employed, complete this section for your business)

Section II (To be completed by person verifying employment)

Instructions:
1. Complete Section II of this form. If self-employed, complete this section indicating your business name, address, etc….
2. Massage Therapy employment must have been for compensation.
3. **Return this form to the applicant to submit with their application for licensure.**

1. Name of Business: _____ Phone Number: _____

2. Physical Address of Employer: _____
(City/State/Zip Code)

3. Applicant's Position/Title: _____ 4. Employment Dates: From: _____ To: _____

5. Physical Location of practice (mobile, contract, or same as above): _____

6. Printed name and title of person verifying employment: _____
(Name) (Title)

_____
Signature of Employer/Person completing this form

Sworn to and subscribed before me this

_____ day of _____, 20_____

_____ **(Notary Seal)**
(Notary Public Signature)
My commission expires: _____

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

_____

(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 ("IIREA"), 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 law[1] [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)]

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[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 specifiying an individual's lawful immigration status or other proof of lawful presence under federal immigration law.

Georgia Bureau of Investigation
Georgia Crime Information Center (GCIC)

Consent Form

I hereby authorize _____
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.