AFFIDAVIT FOR LICENSURE PURSUANT TO THE SERVICEMEMBERS CIVIL RELIEF ACT

(For Servicemembers and Spouses of Servicemembers Only)

APPLICANT FULL NAME: _____ **APPLICATION NO.:** _____

PROFESSIONAL LICENSING BOARD: _____

LICENSE TYPE: _____

STATE OF CURRENT LICENSURE: _____ **CURRENT LICENSE NO.:**_____

In accordance with the requirements of 50 U.S.C. § 4025a(c), by signing this affidavit and submitting the above-identified application, I hereby swear or affirm all of the following to be true and correct (initial beside each statement):

1) _____ I am the person described and identified in the above-identified application.

2) _____ All statements made and/or information provided in the above-identified application are true, correct and complete to the best of my knowledge and belief.

3) _____ I have read and understand the requirements to receive the license for which I am applying, and the scope of practice, of the professional licensing board which governs practice for this license type in the State of Georgia.

4) _____ With this affidavit, I am certifying that:
a) I meet the requirements to receive the license type for which I am applying in the State of Georgia, and
b) I will comply with the laws and rules of the professional licensing board which govern practice in the State of Georgia for this license type, including the laws and rules which govern the scope of practice for this license type in the State of Georgia.

5) _____ I am in good standing in all states in which I hold or have held a license, meaning:
a) I do not have any licenses which have been revoked or had discipline imposed by any state;
b) I do not have any investigations relating to unprofessional conduct pending in any state; and
c) I have not voluntarily surrendered a license while under investigation for unprofessional conduct in any state.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

_____
APPLICANT SIGNATURE

SUBSCRIBED AND SWORN OR AFFIRMED
BEFORE ME ON THIS THE
_____DAY OF_____, 20_____

_____
NOTARY PUBLIC SIGNATURE

MY COMMISSION EXPIRES:

O.C.G.A. § 45-17-6 requires legible seals for notarized documents. If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

NOTARY SEAL