GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY

237 Coliseum Drive **(404) 424-9966**
Macon, Georgia 31217-3858 **http://sos.ga.gov/index.php/licensing/plb/36**

PHYSICAL AGENT MODALITIES

NO LICENSED OT/OTA MAY USE MODALITIES UNTIL THE BOARD HAS GRANTED "CERTIFICATION IN ALL MODALITIES" TO THE LICENSEE

Please Read These Instructions and the Law And Rules Carefully Prior To Completing The Application. You may not use Physical Agent Modalities in Georgia without a certification issued by the Board.

APPLICANT'S MUST SUBMIT THE FOLLOWING DOCUMENTS:	
APPLICATION FEE	**A nonrefundable fee is $35.00. The fee must accompany each application. The application fee 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. See fee schedule.**
APPLICATION AND DOCUMENTATION FORM	**Type or print in ink. You must respond to all the questions and requests on the application and the "Content Documentation Form." Incomplete forms will be returned for you to complete and will cause a delay in the processing of the application. Applications are void after 60 days from the date of notification of application deficiencies. If all required supplemental documents are not received within that 60-Day window your application will be withdrawn and you will need to reapply.**
CONTENT DOCUMENTATION	**Applicants must submit documentation of one of the following:** **1) Completion of 90 contact hours of instruction in the required topic areas. No less than 36 of these 90 contact hours must be directly related to the specific theories and practical application of Physical Agent Modalities.** **2) Evidence of Certified Hand Therapy (CHT) certification.**
APPLICATION DEADLINE	**You cannot submit an application for certification until you are issued a OT or OTA license by the Board. Materials must be submitted two weeks prior to a scheduled meeting to be reviewed by the Board.**

OCCUPATIONAL THERAPIST OPTION: An Occupational Therapist may use the occupational therapy program transcript as documentation for 54 of the total required 90 hours; and certify that the occupational therapy program included at least 54 hours of content related to the required topic areas such as physics, physiology, treatment guidelines, patient education and documentation. The Occupational Therapist must list and document at least 36 additional continuing education hours of content that directly relates to the specific theories and practical application of Physical Agent Modalities. A minimum of 14 of the 36 hours must be obtained by attendance at live presentations such as workshops, seminars, conferences or formal academic coursework beyond your original curriculum. **Occupational therapist assistants are not eligible for this option and must document the entire 90 contact hours. At no time should the applicant be performing PAMS on a client, even under supervision for teaching purposes.**

OCCUPATIONAL THERAPY ASSISTANT OPTION: An OTA must document 90 contact hours for Physical Agent Modalities Certification. An OTA may use college transcripts as documentation for completion of 8 hours in Anatomy & Physiology, 8 hours in Chemistry and 8 hours in Physics. An OTA may document any additional 8 hours for related Physical Agent Modality courses taken within the curriculum, with appropriate documentation including submission of a course outline for Board review. An OTA must document a mandatory requirement of at least 36 hours of preparatory continuing education coursework related to the specific theories and application of physical agent modalities by attendance at live presentations such as workshops, seminars, conferences or formal academic coursework beyond your original curriculum. An additional 15 hours of practical clinical application instruction by a modality certified instructor is required. Such instruction must be related to the nine specific topics of Physical Agent Modalities required by law and documented on "PAMS Reporting Form." **At no time should the applicant be performing PAMS on a client, even under supervision for teaching purposes**.

REQUIRED TOPIC AREAS: The law requires 90 contact hours of instruction that covers nine specific topics for occupational therapist and occupational therapy assistants that wish to be certified to use Physical Agent Modalities. No less than 36 of these 90 contact hours must be directly related to the specific theories and practical application of Physical Agent Modalities. The nine specific topics are:

A. Principles of physics related to specific properties of light, water and temperature, sound or electricity, as indicated by selected modality;
B. Physiological, neurophysiological and electrophysiological changes, as indicated, which occur as a result of the application of the selected modality;
C. The response of normal and abnormal tissue to the application of the modality;
D. Indications and contraindications related to the selection and application of the modality;
E. The guidelines for treatment or administration of the modality within the philosophical framework of occupational therapy;
F. The guidelines for educating the patient including instructing the patient to process and possible outcomes of treatment, including risks and benefits;
G. Safety rules and precautions related to the selected modality;
H. Methods of documenting the effectiveness of immediate and long-term effects of treatment; and
I. Characteristics of the equipment including safe operation, adjustment and care of the equipment.

HOW TO CALCULATE YOUR HOURS: Only the actual time spent in instruction or organized learning experience can be calculated. The actual time must be listed in the course brochure/outline or In-Service Form in clock hours, e.g. 9:00 a.m. – 10:00 a.m. Do not rely on the certificate of attendance to calculate your hours. You must calculate and total your contact hours for each session. The time for meals, breaks, and business meeting cannot be included in your calculations. The "Number of Total Hours" will equal the actual time spent. The "Number of Specific Hours" is the actual time spent in the required topic areas that directly relate to specific theories and applications of Physical Agent Modalities. Many applications are denied because of incorrect calculations or the failure to attach the appropriate documentation. Please verify that you have attached documents that have actual clock hours for each session and that you do not calculate time spent for breaks, meals, or business meetings.

HOW TO COMPLETE THE CONTENT DOCUMENTATION FORM: You must complete this form in its entirety and sign each page. You are expected to total the number of hours and indicate the related topic. You may attach additional sheets, if necessary. The supporting documents must be attached in the order you list them on the form. The following is an example on how to complete the Content Documentation Form.

DATE OF COURSE	COURSE TITLE	NUMBER OF TOTAL HOURS	NUMBER OF SPECIFIC HOURS	CHECK TOPICS INCLUDED								
				A	B	C	D	E	F	G	H	I
1/1/05 – 1/27/05	Physics 400 (45 minutes X 27 days)	8	8	X								
2/1/2005	OT Treatment Following Hand Surgery	3	1			X	X	X		X		
3/1/2005	In-Service on Ultrasound	1	1							X	X	X
TOTAL HOURS ON PAGE _3__:		12	10									
TOTAL HOURS COMPLETED:		90	36									

HOW TO DOCUMENT ACADEMIC EDUCATION: All licensed OTs and OTAs in Georgia have official transcripts on file showing completion of your Occupational Therapy program. An OT who uses the OT option is not required to submit an additional transcript for the 54 hours to be credited from your OT program. An OTA who uses the OTA option is not required to submit an additional transcript to be credited for one or more of courses in Anatomy & Physiology; Physics; and/or Chemistry that was a part of your OTA program. For a Physical Agent Modality course taken within the OTA program, you must submit a copy of the course outline and schedules that indicate topic, class time in clock hours, dates and instructor.

HOW TO DOCUMENT CONTINUING EDUCATION COURSES AND/OR UP TO 12 HOURS OF ON-LINE COURSEWORK: You must submit the following: (1) the statement of proof of attendance or certificate of completion; (2) title of the program; (3) content description/brochure; (4) program outline; (5) instructor; (6) date; (7)

actual session times in clock hours; and, (8) signature of designated program official verifying your attendance. Up to 12 hours online coursework is acceptable. **ONLY legible copies are acceptable.**

HOW TO DOCUMENT MODALITY TRAINING USING PAM REPORTING FORM: An In-service practical clinical training must be by a modality certified instructor who is physically present during a live presentation. Clinical training must be listed on the Content Documentation Form, recorded in increments greater than or equal to 30 minutes but less than or equal to 3 hours on the "PAMS Reporting Form," and must be obtained by attendance at a live presentation. Be sure to list each session in clock hours. Please note that the "PAMS Reporting Form" is used for programs that do not have a brochure and for in-services which were **NOT** provided by Sales Representatives.

CERTIFICATION: An occupational therapist assistant who is certified to use physical agent modalities may not use Physical Agent Modalities unless the supervising occupational therapist is also certified to use physical agent modalities. Similarly, an occupational therapist certified to use Physical Agent Modalities may not supervise an occupational therapy assistant in the use of Physical Agent Modalities if the occupational therapy assistant is not certified in modalities. **NO licensed OT/OTA may practice modalities on a client unless certified in "ALL MODALITIES."**

LIMITED LICENSE TO USE PHYSICAL AGENT MODALITIES: There is no limited license to use physical agent modalities. If you hold a limited license, you may not use physical agent modalities.

BOARD REVIEW: The Board reviews every application for Certification in Physical Agent Modalities. It takes several weeks for applications to be processed. Therefore it is unlikely that an occupational therapy assistant or occupational therapist can receive certification the week after completing the last course or submitting the application. It takes approximately 4 - 6 weeks to process final action on an application. Decisions of the Board are communicated by letter within 15 business days following the Board meeting. The Board office staff is not authorized to discuss Board decisions over the telephone with the applicant or any third party.

ADDRESS, E-MAIL AND NAME CHANGES: Please notify this office immediately, in writing, of an address, e-mail and/or name change. The post office does not forward mail from the Board. All name changes must include a **copy** of the official document that changes the name. **(Social security cards and drivers licenses are not acceptable.)**

PROOF OF ACTIVE DUTY STATUS (if applicable): If you are a military spouse or a transitioning service member of the United States Armed Forces (including the National Guard) and you wish to qualify for expedited processing you must meet the requirements of O.C.G.A. § 43-1-34. Proof of your status may be accomplished by providing a copy of one or more of the following documents (NOTE: If you are a military spouse, you are to provide one of the documents listed below AND a copy of your official marriage certificate):

1) DD Form 214
2) DD Form 215
3) DD Form 256
4) NGB Form 22 or NBG Form 22-a
5) Current, unexpired military ID card
6) Other active, official military order forms

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

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

GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY

237 Coliseum Drive, Macon, Georgia 31217-3858
(844) 753-7825 * http://sos.ga.gov/index.php/licensing/plb/36

APPLICATION FOR CERTIFICATION OF VALIDATION FOR USE OF PHYSICAL AGENT MODALITIES

Application Fee: $35.00 **(non-refundable)**
Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G A. §16-9-20.

PERSONAL INFORMATION

1. NAME _____
LAST FIRST MIDDLE MAIDEN

2. NAME as shown on license or documentation (if different):

_____
LAST FIRST MIDDLE MAIDEN

3. ADDRESS _____
HOME/PHYSICAL ADDRESS (P.O. BOX NOT ACCEPTED) APT #

_____ __ __ _____ - ____

4. ADDRESS _____
MAILING ADDRESS (P.O. BOX ACCEPTED) APT #

_____ __ __ _____ - ____
CITY STATE ZIP

5. SOCIAL SECURITY NO. _____ **DATE OF BIRTH** _____
(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, 20 & 101)

6. DAY PHONE ___ ___ - ___ ___ - ____ **OTHER PHONE** ___ ___ - ___ ___ - ____

7. What is your license number? _____

8. Name of your OT/OTA Program: _____

9. Graduation Date: _____

10. _____ I am a U.S. Citizen

11. _____ I am not a U.S. Citizen, but I am a qualified alien under the Federal Immigration and Naturalization Act, and, I am Lawfully present in the United States of America. I have included verification of my qualified alien status (See pages 9 & 10).

12. E-Mail Address: _____

☐ **Please Check this box if you are a military spouse or transitioning service member of the United States Armed Forces (including the National Guard) as defined in O.C.G.A. § 43-1-34**. Proof of your status may be accomplished by providing a copy of one or more of the following documents (**NOTE: <u>If you are a military spouse, you are to provide one of the documents listed below AND a copy of your official marriage certificate</u>**): DD Form(s) 214, 215, 256; NGB Form 22 or 22-a; a current, unexpired military ID card; or any other active, official military order forms.

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.

1. Please read the general instructions thoroughly before completing this application. Fully complete this application. Type or print clearly.
2. If you do not hold a current license issued by the Board, you are not eligible to submit this application.
3. Enclose a nonrefundable application fee of $35.00. Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20. See fee schedule.
4. Sign and have the application notarized. Attach the Content Documentation Form and documentation of completion of 90 contact hours.

13. ☐YES ☐NO OT OPTION: I wish to use my occupational therapy program transcript as documentation for 54 of the total hours and certify that my occupational therapy program included at least 54 hours of content related to the required content. I will list and document at least 36 specific hours of content that directly relate to the specific theories and practical application of physical agent modalities on the Content Documentation Form.

14. ☐YES ☐NO OTA OPTION: I wish to use my transcript as documentation for Anatomy & Physiology ☐YES ☐NO; Physics ☐YES ☐NO; Chemistry ☐YES ☐NO. I will list and document at least 36 specific hours of content in preparatory continuing education coursework and a mandatory 15 hours of clinical application of modality by a qualified instructor that directly relate to the practical application of physical agent modalities on the Content Documentation Form.

15. ☐YES ☐NO OTA OPTION: I wish to use my course outline as documentation for Physical Agent Modality curriculum coursework.

16. ☐YES ☐NO I have listed the courses, date of completion, total number of hours, specific hours, and topics included on the Content Documentation Form.

17. ☐YES ☐NO I have attached the required documentation in the order listed on the content documentation form.

18. ☐YES ☐NO I have correctly calculated the actual hours and subtracted breaks, meals and business meetings.

19. HAS ANY OTHER LICENSING BOARD OR AGENCY IN GEORGIA OR ANY OTHER STATE EVER:
A. ☐YES ☐NO DENIED YOUR LICENSE APPLICATION, RENEWAL, OR REINSTATEMENT?
B. ☐YES ☐NO REVOKED, SUSPENDED, RESTRICTED, OR PROBATED YOUR LICENSE?
C. ☐YES ☐NO REPRIMANDED, FINED, DISCIPLINED, REQUESTED OR ACCEPTED SURRENDER OF YOUR LICENSE?
If you answered "yes" to any of the above, you must submit a letter of explanation and request that the licensing board, NBCOT or agency send a certified copy of the action taken against your license or certification.

20. ☐YES ☐NO 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. (Note: You must respond, "yes" if you pleaded and completed probation as a First Offender.)

21. ☐YES ☐NO HAVE YOU FAILED TO RENEW A LICENSE, CERTIFICATION OR REGISTRATION DURING AN INVESTIGATION AGAINST YOU BY A LICENSING BOARD OR OTHER AGENCY?

CERTIFICATION: I certify that I have a current license and have successfully completed the required contact hours of instruction or training. Under penalties of perjury, I declare and affirm that the statements made in the foregoing application and attached documents are true, complete and correct. I understand that any false or misleading information in, or in connection with my application, may be cause for denial or loss of licensure.

Sworn to and subscribed before me this _____ **Signature of Applicant**

_____ day of _____, 20____

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

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CONTENT DOCUMENTATION FORM

NAME _____

LAST FIRST MIDDLE MAIDEN

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

Applicant: Please list courses/programs and the date completed. For each course, indicate total number of hours that you would like the Board to consider, the number of hours to be counted toward the 36 hour specific content requirement and the topic areas that were covered in each course or program. You must total your hours at the end of the form. Please attach additional sheets if needed. The topics included are identified by letters; please use the following list to identify the required topic included.

A	Principles of physics related to specific properties of light, water and temperature, sound or electricity, as indicated by selected modality;
B	Physiological, neurophysiological and electrophysiological changes, as indicated, which occur as a result of the application of the selected modality;
C	The response of normal and abnormal tissue to the application of the modality;
D	Indications and contraindications related to the selection and application of the modality;
E	The guidelines for treatment or administration of the modality within the philosophical framework of occupational therapy
F	The guidelines for educating the patient including instructing the patient as to the process and possible outcomes of treatment, including risks and benefits;
G	Safety rules and precautions related to the selected modality
H	Methods of documenting the effectiveness of immediate and long-term effects of treatment; and
I	Characteristics of the equipment including safe operation, adjustment and care of the equipment.

DATE OF COURSE	COURSE TITLE	NUMBER OF TOTAL HOURS	NUMBER OF SPECIFIC HOURS	CHECK TOPICS INCLUDED								
				A	B	C	D	E	F	G	H	I
	OT Option (Not for use by an OTA)	54										
	OTA OPTION Anatomy & Physiology	8										
	OTA OPTION Chemistry	8										
	OTA OPTION Physics	8										
	OTA OPTION Curriculum course work related to Modalities	8										
TOTAL HOURS ON PAGE 1:												
TOTAL HOURS COMPLETED:												

Each Topic was covered at least once and I have included 90 contact hours and at least 36 of these hours meet specific content requirements and I have attached supporting documentation for each course. An OTA must also include a mandatory 15 hours of clinical application of modality by a qualified instructor that directly relate to the practical application of physical agent modalities.

This is page 1 of _____

Applicant's signature _____

NAME _____

LAST FIRST MIDDLE MAIDEN

DATE OF COURSE	COURSE TITLE	NUMBER OF TOTAL HOURS	NUMBER OF SPECIFIC HOURS	CHECK TOPICS INCLUDED								
				A	B	C	D	E	F	G	H	I
TOTAL HOURS ON PAGE ____:												
TOTAL HOURS ON PAGE 2												
TOTAL HOURS ON PAGE 1												
TOTAL HOURS COMPLETED:												

Each Topic was covered at least once and I have included 90 contact hours and that at least 36 of these hours meet specific content requirements and I have attached supporting documentation for each course.

This is page _____ of _____ (attach additional sheets if necessary)

_____
Applicant's signature

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PHYSICAL AGENT MODALITIES REPORTING FORM

INSTRUCTIONS:

1. **Complete this form in ink.**
2. **This form is to be used to document in-service training in increments greater than or equal to 30 minutes but less than or equal to 3 hours. DO NOT use this form if you have attended a course and received a course brochure/outline and a certificate of attendance. If you have a course brochure/outline and certificate of attendance, you may submit copies of those documents as proof of completion.**
3. **List the name of the TRAINING; date; hours; and topics included on the Content Documentation Form.**
4. **List the actual start and end time. List the actual start and end times for breaks. Total contact hours do not include meals, breaks, and business meetings.**
5. **The program coordinator or instructor must sign this form and verify attendance. The licensee must also sign the form.**
6. **Attach this form to the Content Documentation Form in the order this training is listed on the Content Documentation Form.**
7. **At no time should the applicant be performing PAMS on a client, even under supervision for teaching purposes.**

1. LICENSEE NAME _____
LAST FIRST MIDDLE MAIDEN

2. LICENSE NUMBER: __ ☐OT ☐OTA

_____
Signature of PAM Applicant **Date**

3. TRAINING TITLE _____

4. PRESENTER: _____ **CREDENTIALS:** _____

5. DATE: _____ **LOCATION:** _____

6. START TIME: _____ **END TIME:** _____ **BREAK TIMES:** _____

7. TOTAL CONTACT HOURS _____
(You must not include breaks, meals, or business meetings in the calculation of total hours)

8.OUTLINE AND DESCRIPTION: _____

_____

_____

_____

_____

I VERIFY THE HOURS OF INSTRUCTION ON PHYSICAL AGENT MODALITY FOR THE ABOVE NAMED LICENSEE AS SPECIFIED.

Signature of Program Coordinator/Instructor **License Number**

Date _____

Title _____

Phone number: _____

APPLICANT SIGNATURE & 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 occupational 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 9 & 10 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 9 & 10 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 Occupational 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 must be signed with Proper ID.

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

_____ **OT/OTA – PAM's**

(Printed Name of Applicant)

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued October 28, 2016, 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(g). 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]1

_____ 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]

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

Georgia Bureau of Investigation
Georgia Crime Information Center

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 criminal 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).

_____ _____
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')

Select the number of days for authorization:

This authorization is valid for
____ 90
____ 180
____ days from date of signature

I, _____give consent to the above named to perform periodic criminal background checks for the duration of my employment with this company.

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.