



GEORGIA STATE BOARD OF PHYSICAL THERAPY

237 Coliseum Drive

MACON, GEORGIA 31217

(404) 424-9966

<https://sos.ga.gov/georgia-state-board-physical-therapy>

INSTRUCTION SHEET FOR APPLICATION FOR REINSTATEMENT

Please read these instructions prior to completing the application. The board rules listed below are for reference and are not meant to be an all-inclusive listing. Please review the laws, rules and policies in its entirety prior to completing this application.

ALL APPLICANTS MUST SUBMIT THE FOLLOWING WITH THIS APPLICATION. SUBMISSION OF ALL DOCUMENTS IN ONE PACKET HELPS TO EXPEDITE THE PROCESSING OF YOUR APPLICATION.	
APPLICATION & FINGERPRINT BACKGROUND CHECK	Type or print in ink. You must respond to all questions and requests on the application or it will be returned to you. <i>It is the responsibility of the applicant to complete a fingerprint background check (see additional instructions in the FORMS section of the Board website), send all required documents, application and fee to the Board in one packet.</i> See Board Rules in Chapter 490-4-.01.
GEORGIA JURISPRUDENCE EXAMINATION	All applicants must successfully pass the Georgia Jurisprudence examination. Once the board office is in your application listing the PT/PTA school attended, the applicant may register to take the GA JAM at https://www.fsbpt.org/OurServices/JurisprudenceAssessmentModule(JAM)Services.aspx . To study for the GA JAM review all of the laws, rules, policy statements and FAQs on the Board website.
VERIFICATION OF LICENSE	You must contact all State Board(s) in which you have ever been issued a license and have them send verification directly to our office. You will be asked if you have compact privileges.
NPTE EXAM SCORE	Request an official copy of your NPTE scores to be sent to the Board. Contact the FSBPT via phone at (703) 739-9420 or visit the website https://www.fsbpt.net/pt .
FEE	\$110 (\$100.00 application fee + \$10.00 processing fee). Non refundable application fee if your license has been expired less than 2 years.
PROOF OF CONTINUING COMPETENCE	Please review Board Rule 490-4-.01 and Board Rule 490-4-.02 to determine Continuing Competence required for reinstatement. Applicants must provide verification of 30 hours of continuing education to the Board as required.

GENERAL INFORMATION FOR ALL APPLICANTS

APPLICATION STATUS - Application status can be checked on-line at <https://sos.ga.gov/georgia-state-board-physical-therapy>.

APPLICATION REVIEW - Reinstatement applications must be reviewed and approved by the Board at the regularly scheduled meeting. Board meeting dates are available at <https://sos.ga.gov/georgia-state-board-physical-therapy>. Information to be presented to the board must be in the board's office not less than two (2) weeks prior to the board meeting. Decisions from Board meetings will be processed in approximately 3-5 business days following the conclusion of the meeting. Correspondence is sent via email.

INCOMPLETE APPLICATIONS - See Board Rule 490-2-.01. 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.

APPLICATION DEFICIENCY NOTIFICATIONS – Applicants will receive application deficiency notification via email listing documents needed to complete the application.

ADDRESS CHANGES/EMAIL CHANGES - Please immediately notify the board in writing of an email or address change. On such notification please state that you are an applicant.

FINGERPRINT BACKGROUND CHECK

Criminal background checks are required by the law for each application for licensure. For more detailed information on how to register to satisfy this requirement, please visit the “FORMS” section on the Georgia State Board of Physical Therapy website at <https://sos.ga.gov/georgia-state-board-physical-therapy> to download the “PT & PTA FIELDPRINT-GAPS Fingerprinting Instructions.”

- Please register to have your fingerprints taken then submit your application or complete them simultaneously as it is your application that signals to staff to visit the FIELDPRINT-GAPS site to approve you for printing. **If no application is on file with the Board within 30 days of your print registration, approval to get printed will be declined and you will**

need to pay another fee to register for prints.

- Once approved, you will receive an email from FIELDPRINT-GAPS informing you to go to a print location to get printed **within 90 days** of the date of notification. It is imperative that you complete your fingerprints within that timeframe. If you fail to do so, you will have to pay an additional registration fee with FIELDPRINT-GAPS and await approval from the board office to get printed. **DO NOT MAIL FINGERPRINT CARDS TO THE BOARD. THEY WILL BE RETURNED TO YOU AND THIS WILL DELAY THE PROCESSING OF YOUR APPLICATION.**
- **Your results are only available for thirty (30) days from the date you submit your prints; therefore, after prints have been taken, you must notify the Board by sending an email to PLB-Healthcare2@sos.ga.gov.** If the thirty (30) days have expired and your results are no longer available to the Board you will be required to pay the cost to have your prints retaken.

**** DISCLAIMER:** The Georgia State Board of Physical Therapy is not responsible for unacceptable or rejected fingerprints; the vendor is responsible for providing acceptable fingerprints.

**** PLEASE NOTE:** If you want to challenge the accuracy of the background results or need to correct or update the record, you must notify the Board in writing that you plan to challenge and you will be given 30 days from the date of notice to do so by contacting the entity or court that reported the information in the manner prescribed on the Privacy Rights you were provided.

APPLICATION DEFICIENCY NOTIFICATIONS

Applicants will receive application deficiency notification via email listing documents needed to complete the application.

ADDRESS CHANGES/EMAIL CHANGES

Notify the board in writing of an email or address change immediately and state on the notification that you are an applicant.

POWER OF ATTORNEY

If you are a person sponsoring an applicant for licensure and want information sent to you rather than the applicant, the Power of Attorney form must be completed by the applicant and included.

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.

STUDYING FOR THE GEORGIA ETHICS & JURISPRUDENCE EXAM

In order to study for this examination applicants are encouraged to review the General Provisions (O.C.G.A. §43-1-19 through to O.C.G.A. §43-1-31), the Georgia Physical Therapy Act (O.C.G.A. §43-33), Board Rules and Policy Statements in their entirety. The information to study for the examination is located in the Laws, Policies and Rules section of the board website at <https://sos.ga.gov/georgia-state-board-physical-therapy>.

It may also prove beneficial to become familiar with any recent Law or Rule changes which may be reflected on the home page of the website or via the Proposed Rules link.



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<u>DO NOT WRITE IN THIS SECTION</u>	
Receipt#	_____
Amount:	_____
Applicant#	_____
Date:	_____

APPLICATION FOR LICENSURE PHYSICAL THERAPY OR PHYSICAL THERAPY ASSISTANT

Instructions:

1. Please read the general instructions thoroughly before completing this application
2. If you have ever held a license in this state and are trying to reinstate your license, submit a reinstatement application.
3. Fully complete this application. Type or print clearly.
4. Enclose all required documents and a nonrefundable application fee. Checks returned for insufficient funds will be assessed a \$40.00 service charge pursuant to O.C.G.A. §16-9-20.
5. Sign and have the application notarized; a photograph of the applicant must be attached at time of notary.
6. Indicate type of application:

Physical Therapy Reinstatement

Physical Therapy Assistant Reinstatement

SECTION I: PERSONAL INFORMATION

¹NAME

LAST FIRST MIDDLE FORMER

²SOCIAL SECURITY NUMBER

____ | ____ | ____

DATE OF BIRTH

____ | ____ | ____ - ____ | ____ - ____ | ____ | ____

(Required for identification, law enforcement, statistical and administrative purposes. Also, social security information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. § 19-11-1 and O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551, and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.)

GEORGIA LICENSE NUMBER

³ADDRESS

MAILING ADDRESS

APT #

CITY

STATE

ZIP

If you are granted a license, your name, mailing address and license number are public information. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change.

⁴ADDRESS

PHYSICAL ADDRESS (Post Office Box is not acceptable)

APT #

CITY

STATE

ZIP

⁵DAYTIME PHONE

____ | ____ | ____ - ____ | ____ | ____ - ____ | ____ | ____

OTHER PHONE

____ | ____ | ____ - ____ | ____ | ____ - ____ | ____ | ____

E-MAIL ADDRESS:

Please check this box if you are a military spouse or a transitioning service member of the United States Armed Forces (including the National Guard) as defined in O.C.G.A. § 43-1-34.

SECTION II: PROFESSIONAL INFORMATION

6. a) When did your Georgia license expire? Date: _____

b) Do you have compact privileges? Yes No

c) Complete the following information for every PT/PTA license you have ever held.

LICENSE TYPE (PT/PTA)	LICENSE NUMBER	NAME OF STATE(S) WHERE LICENSED	ACTIVE STATUS? (YES OR NO)	ACTIVE PRACTICE WITHIN 2 YRS OF YOUR APPLICATION DATE? (YES OR NO)

7. Have you ever held any other professional license in the State of Georgia or any other state? If so, list them below. If more room is required, please include the information on an additional piece of paper and attach it to the application.

License Type: _____ License Number: _____ State: _____ Status: _____
 License Type: _____ License Number: _____ State: _____ Status: _____
 License Type: _____ License Number: _____ State: _____ Status: _____
 License Type: _____ License Number: _____ State: _____ Status: _____

8. Do you desire a training permit? Yes No If yes, please refer to Board Rule 490-2-.04, available at <http://sos.ga.gov/index.php/licensing/plb/39>.

9. Professional Education

Name of College/University _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____ - _____

Dates attended: _____ - _____ to _____ - _____

Date of graduation: _____ - _____ - _____

Degree(s) received: _____

Major: _____

10. As a licensee, it is **YOUR RESPONSIBILITY** to know all the laws, board rules and policies governing the physical therapy profession. Have you familiarized yourself with the laws, board rules and policies that apply to the practice of physical therapy in Georgia? Yes No

11. Do you:

a. Yes No Meet the criteria to perform dry needling in the state of Georgia as noted in Board Rule 490-9-.05?

b. Yes No If so, did you provide proof of education and training to the Board?

Applicants must attach a resume or C.V. detailing your work activities. Be sure to include name of employer, dates employed, job description and job title. The C.V. or resume must contain all employment for at least the last two years to present.

SECTION III: BACKGROUND INFORMATION

If you answer "yes" to any of the following questions, provide a detailed letter of explanation with your signature affixed on a separate sheet. In addition, "yes" responses to questions 12(b), 12(c), 12(f), sections 12 and 14 will require the submission of a certified copy of the official document (court indictment, police record, certified warrant/court dismissal, verdict or first offender treatment), which indicates the final disposition of any reported case and/or treatment records. You are expected to read each question carefully and completely and to notify the Board of any changes in the background information which may occur prior to the issuance of the license. You will be asked to certify under oath that the answers are true and correct. Failure to answer these questions truthfully and to notify the Board of any changes to the information may be grounds for denial of your application or other disciplinary action.

12. Yes No Have you registered to have your fingerprint background check completed? (If no, you must do so within The next 48 hours of completing this application).
13. Have you ever:
- a. Yes No Applied for licensure in Georgia? If yes, list the type of license _____
- b. Yes No Been arrested, convicted, or entered a plea of guilty, nolo contendere, or been sentenced under the "First Offender Act" for any felony, misdemeanor, or any offenses other than a minor traffic violation? (DUI/DWI's are not minor traffic violations.)
- c. Yes No Had revoked or suspended or otherwise sanctioned any license issued to the applicant by any board or agency in Georgia or any other state?
- d. Yes No 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?
- e. Yes No Failed an examination taken for the purpose of obtaining a license as a physical therapist or physical therapist assistant in this or any state, territory or country, or otherwise been informed that you failed to meet the qualifications for licensure as a Physical Therapist or Physical Therapist Assistant upon applying for licensure in this or another state, territory or country?
- f. Yes No Been sued in a civil action alleging negligence or malpractice on your part or jointly with others in connection with your practice as a Physical Therapist or Physical Therapist Assistant or any other health related profession?
14. In the past five (5) years have you:
- a. Yes No Been diagnosed with or have you been treated for any of the following: schizophrenia or any other psychotic disorder, delusional disorder, bipolar or manic depressive mood disorder, major depression, antisocial personality disorder, addictive narcotic disorder, addictive drug disorder, addictive intoxicating liquors disorder, substance abuse, or any other condition which significantly impaired your behavior, judgment, understanding capacity to recognize reality, or ability to function in school, work, or other important activities?
- b. Yes No Suffered any memory loss or impaired judgment for any reason?
- c. Yes No Been terminated from an educational institution?
- d. Yes No Been admitted to a hospital or other facility for the treatment of bipolar disorder, schizophrenia, paranoia, other psychotic disorders, addictive narcotic, drug, or intoxicating liquors disorder, or substance abuse?
15. Do you:
- a. Yes No Currently suffer from any disorder that impairs your judgment or that would otherwise adversely affect your ability to practice as a physical therapist or physical therapist assistant?
- b. Yes No Have any condition which causes substantial impairment of, or limitation on your ability to practice as a Physical Therapist or Physical Therapist Assistant with reasonable skill and safety to the public or presents a threat to the health or safety of another individual?
- c. Yes No Currently use narcotics, drugs, or intoxicating liquors to such an extent that your ability to practice as a Physical Therapist or Physical Therapist Assistant, according to prevailing performance standards and essential job functions is impaired?

APPLICANT AFFIDAVIT:

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 Physical 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 document as indicated on pages 8 & 9 of the 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.**

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 Physical Therapy and/or criminal prosecution.

Signature of Applicant	Date
------------------------	------

Print Applicant’s Name

Personally appeared before me, the undersigned official authorized to administer oaths, comes applicant, _____, who deposes and swears that he/she is the person who executed this application for a license to practice as a PT or PTA (**circle one**) in the State of Georgia; and that all of the statements herein contained are true to the best of his/her knowledge and belief.

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

Notary Public Signature _____ (Notary Seal)

My Commission Expires _____



Professional Licensing Boards Division

This form must be completed by the Registrar, Dean or PT/ PTA Program Director of the college/university from which your degree will be conferred. **This form is to be used by applicants who are still in school.** Once you have graduated, you are required to submit a transcript showing your date of graduation.

Please print - This is to certify that

Name

will graduate from _____

Name of College

on _____ with a **Doctorate or Associates** degree.

Date

(circle one)

Signature of Registrar, Dean, PT or PTA Program Director
(please circle title)

Date

Printed name of Registrar, Dean, PT or PTA Program Director

Sworn to and subscribed before

(School/Registrar Seal OR Notary)

me this _____ day of _____, 20 ____.

Notary Public

My commission expires: _____

Return completed form to:

Georgia State Board of Physical Therapy
237 Coliseum Drive
Macon, Georgia 31217



Office of the Secretary of State

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ to conduct an inquiry for
Agency/Company
the purpose listed below and receive any Georgia and/or national criminal history record information
as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

Please check **ONLY** one of the boxes listed below:

- This authorization is valid for _____ days from date of signature.
- I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature _____ Date _____

AREA BELOW IS FOR AGENCY USE ONLY

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title: _____ Date: _____

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) (<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) (<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.

Applicant Name

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 law2 [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)]

1Senate 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.

2Senate 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.