

OSAH FORM 1

This form is available online at <http://www.osah.ga.gov> or by telephone request at (404) 657-2800.

OSAH USE ONLY DOCKET NUMBER:	AGENCY CODE GCMB	DIVISION CODE	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
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GEORGIA COMPOSITE MEDICAL BOARD

Non-Agency Party County of Residence:	Date Request for Hearing Filed with Agency:	Agency Case Number:
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SELECT A DIVISION (PROFESSION) CODE:

<input type="checkbox"/> AC (Accupuncturist)	<input type="checkbox"/> PA (Physician's Assistant)
<input type="checkbox"/> PHY (Physician)	<input type="checkbox"/> RCP (Respiratory Care Therapy)

CHECK CASE TYPE:

<input type="checkbox"/> (APP) Application Was Denied	<input type="checkbox"/> (SANC) Licensee was Sanctioned
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CONTACT PERSON IN AGENCY

NAME	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	POSITION:	EMAIL:

AGENCY PARTY

NAME	DIRECT TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE		EMAIL:
ATTORNEY NAME	TEL NO:	FAX NO:
ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL:

NON-AGENCY PARTY

NAME	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	EMAIL:	
ATTORNEY NAME (IF APPLICABLE)	TEL NO:	FAX NO:
ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL: