



**ATTENTION: ALL SUPPORTING DOCUMENTS MUST BE MAILED IN ONE PACKAGE WITH THE COMPLETED APPLICATION TO THE BOARD OFFICE.**

Please submit the following:

1. **Completed application form** accompanied by a fee of \$50.00 (subject to change). Your application will not be processed unless the fee and all supporting documents are received. This is only an application fee. If licensure is granted, the license will be required to be renewed by the last day of December in ODD numbered years, regardless of when you were originally licensed. Personal checks or money orders are acceptable, payable to the order of Georgia Board of Dentistry. FEES ARE NON-REFUNDABLE. Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20
2. **Incomplete applications** are maintained in the Board office for a period of one (1) year. After such time the application is rendered void and the applicant must re-apply and pay all required fees.
3. **Official licensure verification** for **every** dental hygiene license **ever** held. Each verification must indicate the date of licensure, the licensure status (active, inactive, expired, revoked, etc.), any disciplinary actions taken against you by the licensing board and the result of these actions. The applicant must provide a certified copy of the formal complaint/pleading, outcomes, and a personal written explanation for each instance of discipline. You should call each state board about fees for these services. The verification must be submitted with your application **IN THE ORIGINAL SEALED ENVELOPE FROM THE STATE BOARD**, and must be dated within four months of Board receipt of your complete application packet.
4. **An official transcript** which documents graduation with an A.S., B.A., or B.S. degree from a dental hygiene school which is accredited by the American Dental Association (ADA) Commission on Dental Education. The transcript must be **IN THE ORIGINAL SEALED ENVELOPE FROM THE COLLEGE**. Georgia laws §§ 43-11-71 and 43-11-71.1 require graduation from an ADA-accredited school.
5. **National Board Scores** from the ADA Joint Commission on National Dental examinations. The ADA (1-800-621-8099) will send a copy of National Board scores to state licensure boards only. If you ask the ADA to send our board a copy of your National Board scores, so indicate in your application packet. **DO NOT SUBMIT THE NATIONAL BOARD CERTIFICATE.**
6. **Proof of having successfully passed** a clinical licensure examination. Effective January 1, 2006, each candidate must pass all sections with a score of 75 or higher on the examination administered by the board or by any testing agency designated and approved by the Board. The testing agency currently approved by the board is the Central Regional Dental Testing Services (CRDTS) – [www.crdts.org](http://www.crdts.org) or 785-273-0380. Submit a **NOTARIZED** copy of your examination score sheet. Scores are valid for five (5) years.

The board will accept SRTA examination scores of 75 or higher if attained between February 22, 1993 and December 31, 2005. SRTA retake examination results will be accepted until December 31, 2006.

7. **Jurisprudence Examination:** The examination must be downloaded from our website. The study materials are also on our website. The fee for this examination is \$25.00, payable to the order of Georgia Board of Dentistry. FEES ARE NON REFUNDABLE. *A score of 75 or higher is considered a passing score.*
8. **National Practitioner Databank:** Submit a sealed self query from the NPDB-HIPDB, please visit [www.npdb-hipdb.com](http://www.npdb-hipdb.com) or call the Customer Service Center at 1-800-767-6732.

**If the National Practitioner Data Bank(NPDB)** provides any disciplinary action, certified copies of any pending or final disciplinary actions or malpractice actions against applicant must be submitted. All applicants must submit a NPDB report along with the completed application. The NPDB report must be dated within four months of the submission of the application. The **ONLY** applicants exempt from the requirement of NPDB report submission are those applicants within 6 months of dental school graduation and/or those who have never been issued a dental license in any state or U.S. territory. The NPDB report must be received in the ORIGINAL SEALED ENVELOPE FROM NPDB. Applicants who have disciplinary or malpractice case(s) (open & closed) will be considered for licensure on a case- by-case basis, after receipt of all required application materials. For each case, the applicant must submit:

- 1) a certified copy of the formal complaint pleadings filed by the plaintiff/complainant or State Regulatory Agency,
- 2) a certified copy of the final action, disposition, or settlement,
- 3) a personal explanation of the disciplinary action or the malpractice claim, and
- 4) any further information requested by the Board in separate communications.

9. **CPR:** Submit a photocopy of your current CPR certification
10. **Copy of Court Document or Affidavit** explaining any discrepancies of the applicant's name if documents submitted bear different name(s). [i.e. marriage certificate, divorce decree, legal name change]
11. **Relocation:** - If you relocate during the time that your application is being processed, you **must** notify the Board of your new address in writing by fax (866) 888-1308 or mail. This will enable you to receive Board correspondence.
12. If applying for temporary licensure please follow ALL instructions listed on form.



**Do Not Write In This Section:**  
Receipt#: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Applicant #: \_\_\_\_\_  
Initials/Date: \_\_\_\_\_

**Board Name:** Georgia Board of Dentistry  
**Address:** 237 Coliseum Drive  
**Address:** Macon, GA 31217  
**Telephone #:** (478) 207-2440  
**Fax #:** (866) 888-1308  
**Website:** www.sos.ga.gov/plb/dentistry

---

**Application For: Dental Hygiene License**  
**Application Fees \$50 application fee \$25 Exam fee**

Applicant is applying for above referenced license by:

- Application/Examination  
 Application [currently licensed in another state(s)]

**Checks returned for insufficient funds will be assessed a \$40 service charge pursuant to O.C.G.A. § 16-9-20**

**DISABILITY**- If you have a disability and may require an accommodation, you must contact the Board to obtain the REQUEST FOR DISABILITY ACCOMMODATIONS GUIDELINES.

**VETERANS PREFERENCE POINTS**- Veterans may be eligible for special benefits in testing. For more information, contact the Board office. **Submit copy of DD-214 with your application.**

**Part I: Personal Information**

1. Name: \_\_\_\_\_  
Last First Middle Maiden

2. Mailing Address: \_\_\_\_\_  
(Street) (Apt. #) (City/State/Zip Code)

3. If your mailing address is a P.O. Box, you must provide a physical address:

\_\_\_\_\_  
(Street) (Apt. #) (City/State/Zip Code)

***If you are granted a license, your name, mailing address and license number are public information.***

4. E-Mail Address: \_\_\_\_\_ Your e-mail will not be released to third parties.

5. Telephone #: Home: ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_

7. Social Security Number\*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

8. Military Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_  
Honorable/Dishonorable Discharge: \_\_\_\_\_

\*This 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.

---

## **Part II: Professional Education**

9. Highest Degree Earned: \_\_\_ Doctorate \_\_\_ Master \_\_\_ Bachelor \_\_\_ Associate \_\_\_ Diploma/Certificate

10. Name/Address of Entry Level Professional Institution (e.g. technical school, undergraduate college/university): \_\_\_\_\_

- a. Dates Attended: \_\_\_\_\_ c. Graduation Date: \_\_\_\_\_  
b. Major: \_\_\_\_\_ d. Degree(s) Earned: \_\_\_\_\_

11. Name/Address of Graduate School/University: \_\_\_\_\_

- a. Dates Attended: \_\_\_\_\_ c. Graduation Date: \_\_\_\_\_  
b. Major: \_\_\_\_\_ d. Degree(s) Earned: \_\_\_\_\_

12. Name/Address of Post-Graduate School/Hospital (if applicable): \_\_\_\_\_

- a. Type of Training: \_\_\_\_\_ b. Dates Attended: \_\_\_\_\_

13. National Board Information:

I understand that it is my responsibility to see that a copy of my scores be mailed from the Joint Commission on National Dental Examinations directly to the Board. For your convenience, the number is: 1-800-621-8099.

\_\_\_\_\_  
Signature of Applicant

14. National Practitioners Data Bank/Healthcare Integrity and Protection Data Bank

The Georgia Board of Dentistry requires all candidates for licensure to query the **NPDB/HIPDB** before licensure will be granted: You may contact the NPDB/HIPDB by calling: 1-800-767-6732 or by submitting query online at: [www.NPDB.com](http://www.NPDB.com). (When you receive the **RESPONSE** from the NPDB/HIPDB please forward the information to the Board office along with your completed application).

**If you are a recent graduate (within the past six months) and not licensed in any other state, you are exempt from this requirement.**

15. Did you require special accommodations for any examination, SRTA, CRDTS, NERB, ADEX, WREB, or CITA as outlined in the Americans with Disabilities Act?  Yes or  No **If yes, what accommodations were made?**

16. Have you ever failed a portion of any clinical examination, CRDTS, NERB, ADEX, SRTA, WREB, CITA, or any other regional or state clinical examination?

Yes  No **If yes, give dates (list regional or state if applicable).**

\_\_\_\_\_  
**If you've failed this exam three (3) or more times please request an exam history from CRDTS, NERB, ADEX, SRTA, WREB, CITA or other regional or state board.**

Revised 08-08-08

**Part III:**

**If yes to any of the following questions you must attach a full written explanation pertaining to that particular question.**

- 17. Do you presently have any contagious or infectious disease?  Yes  No
- 18. Have you ever had a formal complaint filed against you with any dental hygiene society, association, hospital, or dental board?  Yes  No
- 19. Has any state licensing board revoked or suspended your certificate/license, or taken other disciplinary action?  Yes  No
- 20. Have you ever voluntarily surrendered a dental hygiene license?  Yes  No
- 21. Have you ever had any malpractice suits filed against you?  Yes  No
- 22. Have you ever 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?  Yes  No
- 23. Have you ever been denied the privilege of taking an examination before any Dental Board or licensing authority?  Yes  No
- 24. Have you ever failed an examination required of any Dental Board or other licensing authority?  
 Yes  No
- 25. Have you ever been refused, or suspended from membership in a dental hygiene society, or association, or hospital staff?  
 Yes  No
- 26. Have you ever personally used narcotics or alcohol excessively or have you ever undergone treatment for addiction to alcohol or other controlled substances or habit forming substances?  Yes  No
- 27. Are there any other facts not disclosed by your answers which may have a bearing on your fitness or eligibility to practice dentistry in Georgia and which should be placed at the disposal or brought to the attention of the State Board of Dentistry?  Yes  No
- 28. Have you ever been summoned, arrested, taken into custody, indicted, convicted or tried for, or charged with, or pled guilty to, or pled, nolo contendere to, a violation of any law or ordinance or the commission of any felony or misdemeanor (excluding minor traffic violations), (DWI & DUIs' are **not** minor traffic violations), or have you been requested to appear before a prosecuting attorney or investigative agency in any matter?  Yes  No

(Although a conviction may have been expunged from the records by order of court, it nevertheless must be disclosed in your answer to this question). If yes, for **each** occurrence furnish a written statement giving the complete facts in your own words, including in such statement the date, name and nature of the offense, the name and locality of the court, and the disposition of each such matter. **You must attach the court disposition.**

**29. Out of State Licensure Certification(s):**

List all states which you have been issued a license to practice dentistry: (active, inactive, revoked, suspended, expired, lapsed etc.) You should have each state listed send an official letter of licensure verification/certification. See instruction sheet for details. **If not applicable check here: ( ) n/a and initial**

<u>STATE</u>	<u>DATE OF LICENSURE</u>	<u>LICENSE STATUS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Part IV:**

**AFFIDAVIT OF APPLICATION**

I acknowledge and state that I have read the application and instructions that accompanied this application and I have answered all questions in compliance with these instructions. I acknowledge that it is my responsibility to read and become familiar with the Dental Practice Act and the Board Rules. I further state that by submitting this application for a license to practice dentistry/dental hygiene in the State of Georgia, I hereby authorize and consent to have an investigation made as to the moral character, professional reputation and fitness for the practice of dentistry/ dental hygiene. I agree to give any further information in which may be required in reference to my past record. I understand that I will not receive a copy of the report or know its contents and I further understand that the contents of the investigative report will be privileged unless determined otherwise by the Board of Court Order. I authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or foreign), court, association, institution, or other organization having control of any documents, records and other information pertaining to me, to furnish to the Georgia Board of Dentistry any information, including documents, records, regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Georgia Board of Dentistry or any of its agents or representatives to inspect and make copies of such documents, records and other information, in connection with this application, subsequent licensure or practice thereunder. I hereby release, discharge and exonerate the Georgia Board of Dentistry, it's agents or representatives, and any person so furnishing information, from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records or other information or the investigation made by the Georgia Board of Dentistry. I authorize the Georgia Board of Dentistry to release information, material, documents, orders or the like relating to me or to this application to any other State or Territory of the United States or Province of Canada, a law enforcement agency, a hospital or other appropriate agencies as determined by the Board. I, the undersigned, do hereby affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. Further, I consent to a thorough investigation of my employment record and other information that may be necessary to verify my qualifications to practice. I understand that any final disciplinary action that may ever be taken against my license, if it is granted, would be provided to a national disciplinary reporting system and that my Social Security number would be a part of that report.

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 Board of Dentistry 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 12 & 13 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.**

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

This is to certify that the foregoing information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_\_

(PHOTOGRAPH)  
Please attach recent photograph

\_\_\_\_\_  
(Print Name Above)

County \_\_\_\_\_ State \_\_\_\_\_

being duly sworn, says that he/she is the person who executed the above application for license to practice dentistry/dental hygiene in the State of Georgia; and that all the statements herein contained are true in every respect and that the attached photo is a true photo of the applicant.

\_\_\_\_\_  
Notary Public

**Notary: Do not notarize this section unless photograph is attached.**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(SEAL) My Commission Expires \_\_\_\_\_

**Part V: STATE LICENSURE CERTIFICATION**

**TO THE APPLICANT:** *Please complete the top section of this form and mail to each state in which you are now or have been licensed to practice dental hygiene. This form may be reproduced as necessary.*

**TO:** \_\_\_\_\_ **Board of Dentistry**

I am applying for licensure and the Georgia Board requires that your Board complete this form in order that my application for licensure may be considered. By signing this form, I am giving my consent to the release of any information, favorable or otherwise, for its review in considering me for licensure.

My license, Number \_\_\_\_\_, was issued by your Board on \_\_\_\_\_ on the basis of ( ) State Board Exam, ( ) Reciprocity/Endorsement, ( ) National Board, ( ) Credentials, ( ) other \_\_\_\_\_.

---

Applicant's Full Name (print or type)	Address		
Signature	City	State	ZIP

***This section to be completed by an official of the above-referenced licensing board. Please return this form directly to the applicant in a sealed envelope.***

---

Dental Hygiene License Number \_\_\_\_\_ to practice dental hygiene in the State of \_\_\_\_\_ was issued on \_\_\_\_\_ to \_\_\_\_\_.

Licensee

Is license current and in good standing? \_\_\_\_\_ Yes \_\_\_\_\_ No\*

Has any disciplinary action ever been taken against this license?

\_\_\_\_\_ Yes\* \_\_\_\_\_ NO **\*If yes, please attach disciplinary documents.**

\* Please provide complete details, including copies of any documents.

---

Signature	Date
Title	<b>(BOARD SEAL)</b>

---

Licensing Board

Permit # \_\_\_\_\_  
Date Issued \_\_\_\_\_

## GEORGIA DENTAL HYGIENE TEMPORARY PERMIT APPLICATION

**INSTRUCTIONS:** The Georgia Board of Dentistry will issue a Temporary Dental Hygiene Permit to a dental hygienist who meets the following conditions:

1. Holds a current license in another state
2. Holds a current CPR certificate
3. Has applied for and been issued an examination admittance card from the Central Regional Dental Testing for the next regularly scheduled examination
4. Has paid a \$150.00 non-refundable fee
5. For which CRDTS examination date and location have you been scheduled?  
Date of examination \_\_\_\_\_ Location \_\_\_\_\_
6. Has completed all other requirements for permanent licensure on file in the Board office, except having taken the CRDTS Examination (Submit copy of admission card for scheduled examination)

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

In what state(s) are you currently licensed to practice dental hygiene? \_\_\_\_\_

Name of dental school and graduation date: \_\_\_\_\_

**Employment information must be supplied to the Board before actual practice of dental hygiene begins.** If granted a Dental Hygiene Temporary Permit, I will be employed by:

Dentist's Name \_\_\_\_\_ Telephone# \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

If employer is not known at the time of making application, it is the applicant's responsibility to contact the Board when you do have this information before you begin work.

**I understand that this permit is valid only until the release of the scores from the next examination.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



**OFFICE OF SECRETARY OF STATE  
PROFESSIONAL LICENSING BOARDS DIVISION  
237 Coliseum Drive  
Macon, Georgia 31217  
(478) 207-2440**

**CONSENT FORM**

I hereby authorize the Georgia Board of Dentistry ("Board") 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)

\_\_\_\_\_  
Physical Address (P.O. Boxes NOT Accepted)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Race

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

**One of the following must be checked:**

This authorization is valid for 90/180/\_\_\_ (circle one) days from date of signature.

I, \_\_\_\_\_ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Special licensure provisions (check if applicable):

\_\_\_ Working with mentally disabled

\_\_\_ Working with elder care

\_\_\_ Working with children

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

---

**Name**

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) 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.

\_\_\_\_\_ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A 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 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 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]

\_\_\_\_\_ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

Revised 11/3/2011

\_\_\_\_\_An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_A 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]

\_\_\_\_\_A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_A 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]

\_\_\_\_\_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)]