



## ADAP Physician Assistant (PA) Provider Application

Date of Application:

PA full name and credentials:

PA practice name  
and address:

PA phone number:

Email:

GA PA license number:

PA NPI number:

Primary Supervising Physician full name  
and credentials:

Physician  
practice address:

Physician phone number:

Email:

GA Physician license number:

NPI number:

Physician has experience in caring for clients with HIV?

☐ Yes ☐ No

Physician is an ordering physician for ADAP?

☐ Yes ☐ No

### **Complete this section for Initial Application:**

1) Number of HIV patients managed in the past 24 months:

2) PA's current Georgia Composite Medical Board (Board) approved job description (attach copy)

3) HIV-specific continuing education (HIV care, HIV prevention, HIV pharmaceuticals), at least 30 credits required within the past 24 months from Board approved programs, in minimum increments of at least 0.5 credits, including at least 3 credits in HIV pharmaceuticals (attach evidence of credits earned)

4) National HIV certification? *(not required)*

☐ Yes (attach copy) ☐ No

### **Complete this section for Renewal Application of current ADAP PA Provider:**

1) Number of HIV patients managed in the past 12 months:

2) PA's current Georgia Composite Medical Board (Board) approved job description (attach copy if changed since last ADAP provider approval)

3) HIV-specific continuing education (HIV care, HIV prevention, HIV pharmaceuticals), at least 15 credits required subsequent to last ADAP Provider's approval date from Board approved programs in minimum increments of at least 0.5 credits, including at least 1.5 credits in HIV pharmaceuticals. (attach evidence of credits earned)

4) National HIV certification? *(not required)*

☐ Yes (attach copy) ☐ No

Applicant's Signature:  
digital OR print-sign-return  
scanned application