



# Georgia Board of Dentistry

2 Peachtree Street, N.W., 6th Floor

Atlanta, GA 30303

(404) 651-8000

www.gbd.georgia.gov

Do Not Write in this Section:

Receipt#: \_\_\_\_\_

Amount: \_\_\_\_\_

License #: \_\_\_\_\_

Initials/Date: \_\_\_\_\_

## REGISTRATION OF INJECTABLES

Registration Fee \$100 (non-refundable)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### IP Registry Applicant:

Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Facility Address(es): \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_-\_\_\_\_\_

Email address: \_\_\_\_\_

Have you been sanctioned by this Board or any other regulatory Board? \_\_yes \_\_no

If yes, please provide letter of explanation.

Date of Program: \_\_\_\_/\_\_\_\_/\_\_\_\_ Please attach certificate(s) of completion.

GBOD-approved Program Name: \_\_\_\_\_

Program Director: \_\_\_\_\_

Program Site: \_\_\_\_\_

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

Phone Number: (            ) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Check if applicable:

\_\_\_\_\_ I have successfully completed an ADA accredited oral and maxillofacial surgery advanced specialty education.

Ethics Statement:

I certify that I have satisfied each of the requirements of the Laws and Rules that govern the Administration of Injectable Pharmacologics. I further certify that I will continue to treat my patients within the parameters described by the Georgia Board of Dentistry for the Administration of Injectable Pharmacologics. I understand that my privilege to provide these services may be suspended and my dental license sanctioned if I should violate the Laws and Rules that define the Dental Practice Act of Georgia.

\_\_\_\_\_

IP Registry Applicant's Signature

Date

The following checklist items must be submitted in order to be considered for the IP Registry:

\_\_\_\_\_ 1. Completed Injectable Pharmacologics Registration Form

\_\_\_\_\_ 2. \$100 Fee

\_\_\_\_\_ 3. Certificate of Completion of Board-Approved Injectable Pharmacologics Course

\_\_\_\_\_ 4. OMFS Credentials, if applicable

Mail to:

GEORGIA BOARD OF DENTISTRY  
2 Peachtree Street, N.W., 6<sup>th</sup> Floor  
Atlanta, GA 30303