

**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**  
 CYPRESS RIDGE BUILDING • 1867 CRANE RIDGE DRIVE, SUITE 200-B • JACKSON, MS 39216  
 (601) 987-3079  
 WWW.MSBML.MS.GOV

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**FAX NOT ACCEPTABLE**

**APPENDIX G**

ABMS or AOA SPECIALTY BOARD CERTIFICATION

Name of Specialty Board	
Specialty Board Address	
City, State, Zip	

Name of Applicant	
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Certification		Current Status	
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Occurrence (initial/recertification)	Status	Start Date	End Date

Signature of Certifying Official			
Title		Signature Date	
Email address		Telephone No.	

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**INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:**

Please fill in all applicable spaces and return to the Mississippi State Board of Medical Licensure at the above address or email a PDF format to [certification@msbml.ms.gov](mailto:certification@msbml.ms.gov). Do not send this certification back to the applicant as the Board will not consider the certification unless it is received directly from the institution. Board policy requires original documents from primary source. A fax is not acceptable.