



PAIN MANAGEMENT PRACTICE REGISTRATION / RENEWAL

This is for physicians who are the primary practitioner of a pain management medical practice to register or renew for the fiscal year 2015-16.

On September 24, 2013, the Board adopted an amendment to the Administrative Code Part 2640, Chapter 1: Regulations Pertaining to Prescribing, Administering and Dispensing of Medication, to amend the registration of Pain Management Medical Practices, Rule 1.15. Physicians whose practice meet the definition of a Pain Practice may not operate in Mississippi without the required registration/certificate from the Mississippi State Board of Medical Licensure. A Pain Management Medical Practice is defined in the regulation as a public or private medical practice that provides pain management services to patients, a majority (more than 50%) of which are issued a prescription for, or are dispensed, opioids, barbiturates, benzodiazepines, carisoprodol, butalbital compounds, or tramadol for more than one hundred eighty days (180) days in a twelve month period.

The primary physician, owner/operator/employee of a Pain Management Medical Practice must register with the Mississippi State Board of Medical Licensure. Certificates, once issued, are not transferable or assignable. Only the primary physician and / or owner is required to register with the Board. All practitioners/employees associated with clinic in the treatment of pain management patients, whether in the capacity as an owner / practitioner / employee should be listed on the application. Each practice requires a separate application/certificate. ALL physicians practicing in a hospital practice should register.

If you have any questions, please contact the Investigative Division of the Mississippi State Board of Medical Licensure at: 1867 Crane Ridge Drive, Suite 200-B, Jackson, MS 39216. Please do not call for updates as this could delay the process. You may fax forms addressed as "**Pain Practice**" to (601) 987-6822, or call Frances Carrillo at (601) 987-0231, please leave a message or email: frances@msbml.gov.

CHECK LIST

PAIN MANAGEMENT CLINIC REGISTRATION APPLICATION. Complete the application in its entirety. If any part of the form is not applicable mark with N/A do not leave blank.

PAIN PRACTICE CERTIFICATE RENEWAL. Renewals for certificates that expire in 2016 will begin on May 1st.

PROOF OF OWNERSHIP. Submit acceptable documents as listed on the form. If the practice has not filed documents with the IRS, other documents may be submitted with a written explanation and notarized signature of practice owner(s) for approval by the Executive Director.

TRAINING. Submit copies of certificates of completion for any Board certification, Residency, Fellowships and CME as listed in the regulation, Part 2640, Chapter 1, Rule 1.15. H. For CME listed in number 5 of the regulation, 100 hours of in-person, live participatory AMA or AOA Category 1 CME and must be in Pain Management as stipulated in the regulation. *****CME / Training requirements have been revised for physicians (effective December 2015)*****

Thirty (30) hours of category I CME every two (2) years to be concurrent with requirement for licensure, Live lecture format participation may be in person or remotely as is the case of teleconferences or live Internet webinars. See revised posted regulation on this site.

PHYSICIAN ASSISTANT REQUIREMENTS. *****CME/Training requirements have been revised for Physician Assistants (effective December 2015)***** Prior to practicing in a pain practice, Physician Assistants must meet requirements listed in the pain practice regulation, Part 2640, Chapter 1, Rule 1.15. J. and provide yearly CME with emphasis in pain management.

DEA DOCUMENTATION. Submit a copy of your current DEA Certificate and include copies of the DEA certificates of all health professionals employed or contracted in the pain practice.

LICENSURE VERIFICATION. Provide copies of licensure for all health professionals contracted and employed in the pain practice. Additionally, for all Physician Assistants and/or Nurse Practitioners listed in the pain practice, provide a copy of the practice specific protocol executed by all parties. For Physician Assistants, provide a copy of the protocol approved and filed with the Mississippi State Board of Medical Licensure.

OFFICE BASED SURGERY. Pain practices which perform procedures that meet the definition of Level II or III Office Based Surgery should be registered with the Mississippi State Board of Medical Licensure as stipulated in Administrative Code, Part 2635: Chapter 2 Office Based Surgery.

All Physicians and Physician Assistants practicing in a pain practice must register with the Mississippi Prescription Monitoring Program ("MPMP") as stipulated by regulation Part 2640, Chapter 1. Rule 1.15. To register with the Mississippi Board of Pharmacy Prescription Monitoring Program follow the Prescription Monitoring Program link on the Mississippi State Board of Medical Licensure home page.

APPLICATION / RENEWAL FORM

Mail the original signed documents only, NO facsimile, email or duplicate copies will be accepted:

**MSBML/ Investigative Division
Pain Practice Application / Renewal**
1867 Crane Ridge Drive, Suite 200-B
Jackson, MS 39216

All items listed that apply to your practice MUST be submitted. All copies must be on 8-1/2 x 11, single-sided and official documents when required. For quality and confidential purposes, email of application materials are not accepted. All application material must be original, unaltered, and official as required.