

STAFF MEMBERSHIP CERTIFICATION FORM

This form must be completed if you are a hospital credentialing less than ten physicians.

I certify that _____
(Name of Hospital)

has ten physicians or less that will be credentialed within a year. In certifying this information, I am asking for the subscription rate of \$250 annually for access to the Mississippi Physician Profiling System.

I understand the Mississippi State Board of Medical Licensure (MSBML) should be notified immediately if the hospital begins credentialing more than ten physicians. If found not to be in compliance with this Staff Membership Certification, I understand MSBML has the right to terminate this agreement immediately with no monies refunded. Special Board approval will be required before re-instating access privileges.

Hospital Administrator/CEO

Date

Notary Public