TELEPHONE: (601) 987-3079

FAX: (601) 987-4159

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

CONTROLLED SUBSTANCE PRESCRIPTIVE AUTHORITY
APPLICATION FOR SCHEDULES II THROUGH V

PHYSICIAN ASSISTANT INFORMATION:

Name:		
MS License #:	Specialty (Field of Practice):	
Primary Practice Location:		
Office Telephone #:	Home Telephone #:	Fax #:

SUPERVISING PHYSICIAN INFORMATION:

Name:		
MS License #:	Specialty (Field of Practice):	
Primary Practice Location:		
Office Telephone #:	Home Telephone #:	Fax #:

CHECK SCHEDULE(S) APPLYING FOR:

☐ Schedule II	☐ Schedule III	☐ Schedule IV	☐ Schedule V

ATTESTATIONS FOR PRESCRIPTIVE AUTHORITY (Must be signed by the Supervising Physician and Physician Assistant.)

I Attest That:

(a) all prescribing activities of the Physician Assistant will comply with all federal and state laws governing the prescribing of medications, including controlled dangerous substances;

(b) the Physician Assistant is or will be registered with the U. S. Drug Enforcement Administration in compliance with title 21 CFR Part 1301 Food and Drugs; and

(c) the Physician Assistant has completed a Board approved educational program. A copy of completion certificate must be attached to this application.

Supervising Physician (Print)	**Physician (Signature)**	**Date**
Physician Assistant (Print)	**Physician Assistant (Signature)**	**Date**