

IMPORTANT

Upon submission of an application for licensure to the Board, the applicant shall promptly provide all information deemed necessary by the Board to process the application, including, but not limited to letters of recommendation, certification of graduation from podiatry school, photograph of applicant, internship certificate and birth certificate. The Board shall have a reasonable period of time within which to collect and assimilate all required documents and information necessary to issue a podiatry license. If, after submitting an application for podiatry license, an applicant has failed to respond or make a good faith effort to pursue licensure for a period of three (3) months, the application will be considered null and void, and applicant will have to reapply for licensure, including, but not limited to, all fees, application, certifications, and references. Additionally, if after one year from the date of receipt of application, applicant has not received a podiatry license, the application will be considered null and void, and applicant will have to reapply for licensure, including, but not limited to, all fees, application, certifications, and references. Under no circumstances will the one year time limit be waived.

Once an application has been submitted, the application progress may be reviewed online by going to <http://www.msbml.ms.gov>. Select "Apply for Initial Medical License", then click on "Check the status of your initial licensure application." Refrain from calling the office for updates as this will delay processing of applications. Questions regarding applications should be directed to the licensing professionals at the following email addresses. If last name begins with:

A-F: licofficer1@msbml.ms.gov

G-N: licofficer3@msbml.ms.gov

O-Z: licofficer2@msbml.ms.gov

Items submitted by the applicant

Submit the following items upon completion of online application. All documents received become the property of the Board and *will not* be returned.

- (A) **Birth Certificate.** Applicant shall submit a certified copy or notarized (see notary guide) copy of original birth certificate or other certification. In the event the name of the applicant differs from the name reflected on the applicant's birth certificate or other certification, the applicant shall submit evidence satisfactory to the Board that establishes the true identity of the applicant (legal name change, marriage certificate, divorce decree, etc.)
- (B) **Podiatry School Diploma.** Applicant shall submit a copy of original podiatry school diploma.
- (C) **Driver's License.** Applicant shall submit a copy of current driver's license.
- (D) **Foreign Language Documents.** Any document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a certified translation thereof into English by a recognized translator. The Board will accept a notarized (see notary guide) copy of certified translation.
- (E) **Affidavit and Perpetual Release Form.** Applicant shall read carefully the oath of the truthfulness of information supplied in this form which gives consent to release information to and from the Board. Applicant must sign and notarize (see notary guide) this form. A copy of this form must be included with each hospital privilege form and each malpractice form that is sent to a hospital or insurance carrier. The original "Affidavit and Perpetual Release Information" form must be returned to the Mississippi State Board of Medical Licensure.
- (F) **Photograph.** Applicant must attach a photograph taken within the last sixty (60) days of the date of affidavit. This should be a wallet-size, passport-type photograph attached to the affidavit and release form. Informal snapshots, colored paper photos or computer generated photos will not be accepted.

Verifications requested by the applicant

Duplicate as many copies of each appendix as you need. Primary source verifications are required. These verifications will be accepted only if sent directly from the institution to the Board. Do not have the institutions send verifications back to the applicant. The Board does not accept electronic submissions (faxes, emails, etc.), copies, or third party mailing in lieu of original documents.

- (A) **Appendix A.** Applicant shall send this form to each podiatry school attended and request the podiatry school to forward the completed form to the Board. This form will be accepted only if sent directly from the podiatry school to the Board. Do not have the school send this form back to you.
- (B) **Appendix B.** Applicant shall send this form to the institution where he/she completed his/her internship, residency and/or fellowship and request the institution to forward the completed form to the Board. This form will be accepted only if sent directly from the institution to the Board. Do not have the institution send this form back to you.
- (C) **Appendix C.** Applicant must account for all time since graduation from podiatry school. All activities following podiatry school and training must be accounted for. Each activity must be verified by the institution. Applicant shall send this form to the institution where activities were performed. This form will be accepted only if sent directly from the institution to the Board. Do not have the institution send this form back to you.
- (D) **Appendix D.** Applicant must complete top portion and forward one to each state in which he/she holds or has held a license to practice podiatry. Include temporary, limited, restricted, revoked, active and inactive licenses. This form will be accepted only if sent directly from the state board to the Mississippi Board. Do not have the state board send this form back to you.
- (E) **Appendix E.** Applicant shall make copies from original and forward to each hospital where he/she holds or has held staff privileges. This form will be accepted only if sent directly from the hospital to the Mississippi Board. Do not have the hospital send this form back to you.
- (F) **Appendix F.** Applicant shall send this form to each insurance company where he/she has or has had medical malpractice insurance. Pending malpractice insurance is not needed. This form will be accepted only if sent directly from the insurance company to the Mississippi Board. Do not have the insurance company send this form back to you.
- (G) **Appendix G.** Applicant must complete the "Request for Membership Verification" form and submit to the American Podiatric Medical Association, along with a check or money order in the amount of \$15.00 and have the APA return to the Mississippi State Board of Medical Licensure a membership verification.
- (H) **Appendix H.** Applicant must complete the "Request for Residency Training Verification" form and submit to the American Podiatric Medical Association, along with a check or money order in the amount of \$15.00 and have the APA return to the Mississippi State Board of Medical Licensure a residency training verification.
- (I) **PM Lexis/Part III.** If applicant took PM Lexis/Part III, applicant must request transcripts from the Federation of Podiatric Medical Boards to be sent to the Board at <https://www.fpmb.org/orderreports/>.
- (J) **Disciplinary Report.** Applicant must request a disciplinary report from the Federation of Podiatric Medical Boards to be sent to the Board at <https://www.fpmb.org/orderreports/>.
- (K) **Military Records.** If applicant has ever served in any branch of the military, applicant must request a DD Form 214 or its equivalent to be sent to the Board at <http://www.archives.gov/veterans/military-service-records/get-service-records.html>. The Board will accept a notarized (see notary guide) copy of DD214 Form from the applicant.
- (L) **NBPME Certification.** If applicant is a Diplomate of the National Board of Podiatric Medical Examiners, applicant must request a transcript to be sent to the Board at http://www.nbpme.info/PDFs/NBPME%20Score%20Request%20Form_20080324.pdf

Note: Prior to the issuance of, or reinstatement of a license, any podiatrist who has not actively practiced for a three (3) year period shall be required to participate in a Board approved physician assessment program and/or clinical skills assessment program to assure post-licensure competency.

A podiatrist shall be deemed to have not “actively” practiced medicine if during said three (3) year period the podiatrist has not treated any patients for remuneration, other than friends and family.

This section excludes those podiatrists who perform charity work or work in research.

- A. The Board of Medical Licensure may grant a license to practice podiatric medicine without further examination to a graduate in podiatric medicine who holds a valid active license to practice podiatric medicine in another state, provided the requirements in said state are equal to those required by this Board and the other state extends the same reciprocal privileges to this state.
- B. If the original license of an applicant was obtained by state board examination, the applicant must have application certified by the state board where original license was obtained by written examination.
- C. The Board may affiliate with and recognize for the purposes of waiving examination and may grant licenses to Diplomates of the National Board of Podiatric Examiners. If a Diplomate, the applicant must obtain Certification of Endorsement from the Board and submit the same with application.
- D. In addition to the above requirements for licensure by reciprocity and/or endorsement, an individual shall meet the following requirements:
 - 1. Applicant must be twenty-one (21) years of age, and of good moral character.
 - 2. Applicant must have had at least four (4) years of high school and be graduate of same; he shall have at least one (1) year pre-podiatry college education.
 - 3. Present a certified copy of a diploma from a college of podiatric medicine recognized by the Board as being in good standing, subject to the following conditions:
 - a. Any diploma or other document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a notarized translation thereof into English.
 - b. No college of podiatry or chiropody shall be accredited by the Board as a college of good standing which does not require for graduation a course of study of at least four (4) years (eight and one-half (8½) months each) and be recognized by the Council on Education of the American Podiatry Association.
 - 4. Present documentation of having completed at least one year of American Podiatric Medical Association-approved postgraduate training in the U.S. or Canada.
 - 5. Applicant must submit an application for medical license on a form supplied by the Board, completed in every detail with a recent photograph (wallet-size/passport type) attached. A Polaroid or informal snapshot will not be accepted.
 - 6. When file is complete and approved, applicant must appear for a personal interview in the office of the Mississippi State Board of Medical Licensure; take and pass the MS Jurisprudence Examination; and submit for a criminal background check.

7. Applicant must present certified copy of birth certificate or valid passport.
 8. Applicant must present a copy of current driver's license.
 9. Submit \$550.00 licensure fee. \$250 of the licensure fee is a non-refundable filing fee.
- E. Upon submission of an application for licensure to the Board, the applicant shall promptly provide all information deemed necessary by the Board to process the application, including, but not limited to letters of recommendation, certification of graduation from medical school, photograph of applicant, internship certificate and birth certificate. The Board shall have a reasonable period of time within which to collect and assimilate all required documents and information necessary to issue a medical license. If, after submitting an application for medical license, an applicant has failed to respond or make a good faith effort to pursue licensure for a period of three (3) months, the application will be considered null and void, and applicant will have to reapply for licensure, including, but not limited to, all fees, application, certifications, and references. Additionally, if after one year from the date of receipt of application, applicant has not received a medical license, the application will be considered null and void, and applicant will have to reapply for licensure, including, but not limited to, all fees, application, certifications, and references. Under no circumstances will the one year time limit be waived.