

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 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.

Duplicate as many copies of each appendix as you need. Primary source verifications are required. The Board does not accept electronic submissions (faxes, emails, etc.), copies, or third party mailing.

- A. Appendix A.** Applicant must complete top portion and forward one to each state in which he/she holds or has held a license to practice as a physician assistant. 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.
- B. Appendix B.** Applicant must account for all time since initial issuance of MS physician assistant license. All activities following initial issuance of MS physician assistant license 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.
- C. Appendix C.** 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.
- D. Appendix D.** Applicant must sign and have notarized the "Perpetual Authorization to Release Information" form. A copy of this form must be included with each hospital privilege form that is sent to a hospital. The original "Perpetual Authorization to Release Information" form must be returned to the Mississippi State Board of Medical Licensure.
- E. Military Records.** If applicant has ever served in any branch of the military, applicant must request DD214 Form 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.
- F. Application Fees.** Applicant must submit check or money order made payable to the MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE in the amount of \$250.00. This \$250.00 is a non-refundable filing fee, but will be applied to the total reinstatement fee once application has been completed.

**NO FOREIGN CHECKS OR MONEY ORDERS WILL BE ACCEPTED.
A \$50.00 FEE WILL BE CHARGED FOR ALL RETURNED CHECKS.**

MEMORANDUMS CONTAINING DOCUMENTS MISSING FROM APPLICANT'S FILE WILL BE MAILED OUT WEEKLY.