

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

REQUEST FOR ORIGINAL WALL CERTIFICATE

\$100 FEE REQUIRED

Completed form can be submitted to the following address:
 Mississippi State Board of Medical Licensure
 1867 Crane Ridge Drive, Suite 200-B
 Jackson, MS 39216

This is a request for an original 11 x 14 signed and sealed wall certificate. Allow 8-10 days for processing and delivery.

Practitioner Name			
License No.		Date of Birth	
DEA No.		NPI No.	
Email Address			
Mailing Address (Wall certificate will be mailed to this address.)		Telephone (h)	
		Telephone (w)	
		Telephone (c)	

Certificate will be mailed to the address above. Licensee is responsible for providing correct mailing address and post office pick-up, if required.

Certificates may be mailed express or certified (Fed Ex, UPS, USPS, etc.). However, licensee must provide the requested delivery method and pay any fees associated with the express or certified delivery.

Licensee's name will appear as it is listed in the Board's official records. If a different name is desired, a name change must be requested prior to submitting the original wall certificate request.

Name change request documents can be found at:

<http://www.msbl.ms.gov/sites/default/files/php/forms/NameChangeForm2012.pdf>