

EMERGENCY PRIVILEGE TO PRACTICE APPLICATION

Name of Applicant					
Profession		Specialty			
Primary Practice Address					
City, State, Zip					
Email Address					
Telephone Number	(h)	(w)	(f)		
Date Available to Volunteer	From:		To:		
MS Disaster Location:					
Current Licensure State		License #		Expiration Date	
Signature of Applicant					
Signature Date		Contact Telephone No.			

By signing this form, I verify that I hold a current, unrestricted medical license from my current licensing authority and agree to temporarily practice medicine within the jurisdiction of the declared emergency area in the state of Mississippi.

Emergency temporary privilege will be authorized during state of emergency only. Approval will be granted on a case-by-case basis and will expire when State of Emergency declaration expires. If State of Emergency is extended, your privilege will be extended upon request.

The Board of Medical Licensure is not authorized to assign your response to a designated location. In order to volunteer your services, you must register with the Mississippi State Department of Health at <https://signupms.org>.

INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:

Please fill in all applicable spaces and return to the Mississippi State Board of Medical Licensure via fax (601) 987-4159 or email a PDF format to mboard@msbml.ms.gov.