

(A) **Questions 1-26.** Application questions must be completed by the applicant. Please either type or print this page. A detailed explanation of any affirmative answers must be attached.

(B) **Section I.** Applicant must list all states where licensed to practice podiatry. Include temporary, limited, restricted, revoked, active and inactive licenses.

(C) **Section II.** Applicant must account for all time and activities since initial issuance of MS podiatry license. The intentional failure to disclose any time period shall constitute falsification which is grounds for denial of the application.

(D) **Section III.** Applicant must list all hospitals where privileges have been held, other than training hospitals, since issuance of initial MS podiatry license.

(E) **Section IV.** Applicant shall read carefully the oath of the truthfulness of information supplied in this application and the releases which give consent to release information to and from the Board. Applicant shall execute the application and have notarized.

(F) **Photograph.** Applicant must attach a photograph taken within the last sixty (60) days of the date of application. This should be a wallet-size, passport-type photograph attached to the application. Informal snapshots, colored paper photos or computer generated photos will not be accepted. All applications not meeting the photo requirement will be returned.

Duplicate as many copies of each appendix as you need.

(G) **Appendix A.** Verification of all licenses held must be verified from primary source directly to the Board, including 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.

(H) **Appendix B.** Applicant must provide verification from primary source for all activities since initial issuance of MS podiatry license. 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.

(I) **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.

(J) **Appendix D.** Applicant must sign and have notarized the "Affidavit & Perpetual Release Information" 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 & Perpetual Release Information" form must be returned to the Mississippi State Board of Medical Licensure.

(K) **Appendix E.** Applicant must complete the "Request for Membership Verification" form and submit required fee to the American Podiatric Medical Association and have the APA return a membership verification to the Mississippi State Board of Medical Licensure.

(L) **Appendix F.** Applicant must complete the "Request for Residency Training Verification" form and submit required fee to the American Podiatric Medical Association and have the APA return a residency training verification to the Mississippi State Board of Medical Licensure.

(M) Request for Disciplinary Report. Applicant must request a disciplinary report from the Federation of Podiatric Medical Boards at www.fpmb.org.

(N) Request Pertaining to Military Records Form. If applicant has served in any branch of the military since initial issuance of MS medical license, applicant must go to <http://www.archives.gov/veterans/military-service-records> to request DD Form 214 or equivalent to be sent to this office. If applicant is currently enlisted, a letter from current station will be acceptable.

(O) **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.

(P) If your MS license has been expired 5 years or more, you will be required to appear at the office of the Board for a personal interview, take the jurisprudence examination and submit for a criminal background check (fingerprinting) which will be submitted to the Federal Bureau of Investigations (FBI).

NO FOREIGN CHECKS OR MONEY ORDERS WILL BE ACCEPTED.

NOTE* INFORMATION PERTAINING TO APPLICATION AND REINSTATEMENT OF PODIATRY LICENSE IS GIVEN TO THE APPLICANT ONLY. PLEASE DO NOT ALLOW OTHERS TO CONTACT THIS AGENCY ON YOUR BEHALF. POWER OF ATTORNEY WILL NOT BE ACCEPTED.**

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

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.