

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 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 and certifications. 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 and certifications. 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 "Online Services", then click on "Applicant Services." 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

PLEASE NOTE: The Board accepts as primary source verification the Federation Credentials Verification Service (FCVS) which is received from the Federation of State Medical Boards (FSMB). For additional information on this service, please contact FSMB at <http://www.fsmb.org>.

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) **Medical School Diploma.** Applicant shall submit a copy of original medical 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. Board policy requires original documents from primary source. Verifications may be returned to the Board via U.S. Postal Service or email. International medical schools must return via mail; emails from out of the country and faxes are not acceptable.

- (A) **Appendix A.** Applicant shall send this form to each medical school attended and request the medical school to forward the completed form to the Board.
- (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.
- (C) **Appendix C.** Applicant must account for all time since graduation from medical school. All activities following medical 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.
- (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 medicine. Include temporary, limited, restricted, revoked, active and inactive licenses.
- (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) **Examination and Board Action History Report.** If applicant took the FLEX, SPEX, or USMLE, applicant must request a transcript from the Federation of State Medical Boards to be sent to the Board at <http://www.fsmb.org/licensure/transcripts/>.
- (G) **NBME Certification.** If applicant is a Diplomate of the National Board of Medical Examiners (NBME), applicant must request a transcript of certification to be sent to the Board at <http://www.nbme.org/Cert-tran/Scores-and-transcripts.html>.

NOTE: *Only* those applicants who either passed the former NBME Parts or a combination of NBME Parts and USMLE Steps should request this transcript. Those applicants who passed *only* the USMLE Steps must contact the Federation of State Medical Boards as indicated in item "F".

- (H) **NBOME Certification.** If applicant is a Diplomate of the National Board of Osteopathic Medical Examiners (NBOME), applicant must request a transcript to be sent to the Board at

<http://www.nbome.org/transcript-request.asp?m=can/>.

- (I) **State Board Examination.** Any applicant who took a state board examination prior to March 1973 must request copies of his/her examination from the state in which he/she took the examination to be sent to the Board.

- (J) **LMCC Certification.** If applicant took the Licentiate of the Medical Council of Canada (LMCC), applicant must request a statement of registration to be sent to the Board at <http://mcc.ca/forms/certified-transcript-examinations/>.

- (K) **ECFMG Verification.** If applicant is a graduate of an international medical school, applicant must request a status report from the ECFMG at <https://cvsonline2.ecfm.org/>.

- (L) **Military Records.** If applicant has ever served in any branch of the military, applicant must request a DD214 Form or its equivalent to be sent to the Board at <http://www.archives.gov/veterans/military-service-records/>. The Board will accept a notarized (see notary guide) copy of DD214 Form from the applicant.

Title 30: Professions and Occupation

Part 2601: Professional Licensure

Part 2601 Chapter 1: Licensure Rules Governing the Practice of Allopathic Physicians, Osteopathic Physicians, Podiatrists, Physician Assistants, Radiologist Assistants and Acupuncturists

Rule 1.1 Scope. These rules apply to all applicants for licensure to practice allopathic medicine, osteopathic medicine, podiatric medicine, or acupuncture in the state of Mississippi and to all individuals practicing allopathic medicine, osteopathic medicine, podiatric medicine, or acupuncture within the state whether licensed or unlicensed.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Rule 1.2 Definitions. For the purpose of these rules, the following terms have the meanings indicated:

- A. “Board” means the Mississippi State Board of Medical Licensure.
- B. “Physician” means any person with a valid doctor of medicine, doctor of osteopathy or doctor of podiatry degree.
- C. “LCME” means the Liaison Committee on Medical Education, the organization recognized by the American Medical Association for accrediting American medical schools.
- D. “ACGME” means Accreditation Council of Graduate Medical Education.
- E. “RCPS” means Royal College of Physicians and Surgeons.
- F. “ABMS” means American Board of Medical Specialties.
- G. “AMA” means the American Medical Association.
- H. “FSMB” means the Federation of State Medical Boards.
- I. “FLEX” means the Federation Licensing Examination administered through the FSMB.
- J. “NBME” means National Board of Medical Examiners.
- K. “USMLE” means United States Medical Licensing Examination administered jointly through the FSMB and NBME.
- L. “SPEX” means the Special Purpose Examination administered through the FSMB.
- M. “NBOME” means the National Board of Osteopathic Medical Examiners.
- N. “COMLEX” means the Comprehensive Osteopathic Medical Licensing Examination administered through the NBOME.
- O. “COMVEX” means the Comprehensive Osteopathic Medical Variable-Purpose Examination administered through the NBOME.
- P. “AOA” means American Osteopathic Association.
- Q. “LMCC” means Licentiate of the Medical Council of Canada.
- R. “APMA” means American Podiatric Medical Association.
- S. “ABPM” means American Board of Podiatric Medicine.
- T. “ABPS” means American Board of Podiatric Surgery.
- U. “FPMB” means Federation of Podiatric Medical Boards.

- V. “CPME” means Council on Podiatric Medical Education.
- W. “NBPME” means National Board of Podiatric Medical Examiners.
- X. “APMLE” means American Podiatric Medical Licensing Examination administered through the NBPME.
- Y. “NPDB” means National Practitioner Data Bank.
- Z. “ECFMG” means the Education Commission for Foreign Medical Graduates.
- AA. “Foreign Medical School” means any medical college or college of osteopathic medicine located outside the United States, Canada or Puerto Rico.
- BB. “IMED” means International Medical Education Directory.
- CC. “Good Moral Character” as applied to an applicant, means that the applicant has not, prior to or during the pendency of an application to the Board, been guilty of any act, omission, condition or circumstance which would provide legal cause under Sections 73-25-29 or 73-25-83, Mississippi Code, for the suspension or revocation of medical licensure.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Rule 1.3 Duty to Obtain License. Any physician, physician assistant, radiologist assistant or acupuncturist desiring to practice in this state must first obtain a license to do so by completing an application for licensure and submitting all requested documentation to the Board.

A physician, physician assistant, radiologist assistant or acupuncturist who is participating in or who has participated in an impaired professionals program as approved by the Board must document a two-year period of abstinence from any abusive use of mood-altering drugs, which shall include, but not be limited to, alcohol and all substances listed in Schedules I through V of the Uniform Controlled Substances Law, Mississippi Code, from the date of completion of the program before he or she is eligible for a permanent license to practice medicine, podiatry or acupuncture in Mississippi.

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

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

The preceding three paragraphs exclude those physicians, physician assistants, radiologist assistants or acupuncturists who perform charity work or work in research.

Amended April 15, 1999. Amended May 17, 2007.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Part 2601 Chapter 2: Effect of Application

Rule 2.1 Effect of Application. The submission of an application for licensing to the Board shall constitute and operate as an authorization by the applicant to each educational institution at which the applicant has matriculated; each state or federal agency to which the applicant has applied for any license, permit, certificate or registration; each person, firm, corporation, clinic, office or institution by whom or with whom the applicant has been employed in the practice of medicine; each physician or other health care practitioner whom the applicant has consulted or seen for diagnosis or treatment and each professional organization or specialty board to which the applicant has applied for membership, to disclose and release to the Board any and all information and documentation concerning the applicant which the Board deems material to consideration of the application. With respect to any such information or documentation, the submission of an application for licensing to the Board shall equally constitute and operate as a consent by the applicant to disclosure and release of such information and documentation and as a waiver by the applicant of any privilege or right of confidentiality which the applicant would otherwise possess with respect thereto.

By submission of an application for licensing to the Board, an applicant shall be deemed to have given his or her consent to submit to physical or mental examinations if, when and in the manner so directed by the Board and to waive all objections as to the admissibility or disclosure of findings, reports or recommendations pertaining thereto on the grounds of privileges provided by law. The expense of any such examination shall be borne by the applicant.

The submission of an application for licensing to the Board shall constitute and operate as an authorization and consent by the applicant to the Board to disclose and release any information or documentation set forth in or submitted with the applicant's application or obtained by the Board from other persons, firms, corporations, associations or governmental entities pursuant to Part 2601, Chapter 2, Rule 2.1 paragraphs 1 and 2, to any person, firm, corporation, association or governmental entity having a lawful, legitimate and reasonable need therefore, including, without limitation, the medical licensing authority of any state; The FSMB; the AMA and any component state and county or parish medical society, including the Mississippi State Medical Association and component societies thereof; the AOA and any component state and county or parish osteopathic medical society, including the Mississippi Osteopathic Medical Association and component societies thereof; the U.S. Drug Enforcement Administration; the Mississippi State Bureau of Narcotics; federal, state, county or municipal health and law enforcement agencies and the Armed Services. It is the intent and purpose of this rule to authorize release of only that licensure information not prohibited from release under Section 73-52-1, Mississippi Code.

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 certification of graduation from medical school, photograph of applicant, internship certification 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, and certifications. 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, and certifications. Under no circumstances will the one year time limit be waived.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Part 2605: Medical, Osteopathic and Podiatric Physicians

Part 2605 Chapter 1: Licensure Requirements for the Practice of Allopathic Doctors and Osteopathic Physicians

Rule 1.1 Licensure by Credentials. The Board endorses licenses to practice medicine obtained in most states by written examination prior to March 8, 1973. Subject to the provisions of Part 2605, Rule 1.2, all applicants for medical licensure who took the FLEX between March 8, 1973, and January 24, 1985, must have passed the FLEX taken in one three-day sitting with a weighted average of 75 or higher in order to obtain licensure in Mississippi. The Board will not accept scores of more than one administration of the FLEX which have been combined (factored) to provide a FLEX weighted average of 75 or higher. From and after January 24, 1985, an applicant for medical licensure by reciprocity must have passed both Components I and II of the FLEX with a score of 75 to be considered the passing grade for each component. From and after June 1994, the Board shall endorse licenses to practice medicine from applicants who have successfully taken Steps 1, 2 and 3 of the USMLE.

Those doctors of osteopathic medicine who graduated prior to June 1, 1973, will be considered only if they took and passed the same written licensure examination given in that state at that time to graduates of medical schools. A statement to this effect must be submitted to this Board from that licensing board.

The Board may endorse Diplomates of the NBME; the NBOME (COMLEX), if examination completed on or after February 13, 1973, or licentiates of the Medical Council of Canada.

The Board may consider licensure to a graduate of a foreign medical school who was licensed in another state by written examination prior to March 8, 1973, if he or she is certified by a board recognized by the ABMS.

In addition to the above requirements for licensure by credentials, an individual shall meet the following requirements:

- A. Applicant must be twenty-one (21) years of age and of good moral character.
- B. Present a diploma from a reputable medical college or college of osteopathic medicine, subject to the following conditions:
 1. If the degree is from a medical college or a college of osteopathic medicine in the United States or Puerto Rico, the medical college must be accredited at the time of graduation by the LCME, a Joint Committee of the Association of American Medical Colleges (AAMC) and the AMA or the College of Osteopathic Medicine which must be accredited by the AOA.

2. If the degree is from a Canadian medical school, the school must be accredited at the time of graduation by the LCME and by the Committee on Accreditation for Canadian Medical Schools.
 3. If the degree is from a foreign medical school, an applicant must either (i) possess a valid certificate from the ECFMG or (ii) document successful completion of a Fifth Pathway program and be currently board certified by a specialty board recognized by the ABMS. The Board will accept for licensure only those individuals completing Fifth Pathway Programs by December 31, 2009. Credentialing via Fifth Pathway Programs will be considered on an individual basis.
 4. 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 certified translation thereof into English.
- C. If a graduate from a medical college or college of osteopathic medicine in the United States, Canada or Puerto Rico, applicant must present documentation of having completed at least one (1) year of postgraduate training in the United States accredited by the ACGME or by the AOA; or training in Canada accredited by the RCPS.
- D. If a graduate from a foreign medical school, applicant must present documentation of having completed either:
1. three (3) or more years of ACGME-approved postgraduate training in the United States or training in Canada approved by the RCPS; or
 2. one (1) year of ACGME-approved postgraduate training in the United States or training in Canada approved by the RCPS, be currently board certified by a specialty board recognized by the ABMS and must have approval by the Board.
- E. An applicant who otherwise possesses all of the qualifications for licensure by credentials, but has not taken a medical proficiency examination or licensure examination within ten (10) years prior to filing his or her application, must pass the SPEX or COMVEX^{*}, unless the applicant:
1. Submits satisfactory proof of current certification by an ABMS and participating in Maintenance of Certification (MOC) or AOA approved specialty board and participating in Osteopathic Continuous Certification (OCC); or
 2. Submits proof that the applicant's sole purpose for seeking licensure is to serve as the Dean, Chairman of the Department or Faculty of an ACGME or AOA approved training program. In such case, a license shall remain in effect so long as licensee is a member of the faculty of the ACGME or AOA approved training program.

* SPEX (SPECIAL PURPOSE EXAMINATION) is a cognitive examination assisting licensing jurisdictions in their assessment of current competence requisite for general, undifferentiated medical practice by physicians who hold or have held a valid license in a U.S. jurisdiction. SPEX is made available through the Federation of State Medical Boards.

COMVEX-USA (COMPREHENSIVE OSTEOPATHIC MEDICAL VARIABLE EXAMINATION) is the evaluative instrument offered to osteopathic physicians who need to demonstrate current osteopathic medical knowledge. COMVEX-USA is made available through the National Board of Osteopathic Medical Examiners.

- F. Submit certified copy of birth certificate or valid passport.
- G. Complete an application for medical license and submit it to the Board in a manner prescribed by the Board with a recent passport type photograph.
- H. Submit fee prescribed by the Board.
- I. Appear for a personal interview in the office of the Board, successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Rule 1.2 Waiver. Notwithstanding the above requirements for Licensure by Credentials in Rule 1.1, the Board may, upon written request by the physician and after review of all relevant factors, choose to waive any or all of the existing requirements for licensure. To be considered for a waiver, the physician must:

- A. be a graduate of an approved medical school;
- B. have a current unrestricted license in another state; and
- C. have at least 3 years of clinical experience in the area of expertise.

In determining whether to grant the waiver, factors to be considered by the Board shall include, but not be limited to:

- A. the medical school from which the physician graduated and its reputation;
- B. post-graduate medical education training;
- C. appointment to a clinical academic position at a licensed medical school in the United States;
- D. publication in peer-reviewed clinical medical journals recognized by the Board;
- E. the number of years in clinical practice;
- F. specialty, if the physician plans to practice in Mississippi; and
- G. other criteria demonstrating expertise, such as awards or other recognition.

Requests for waivers must be submitted in writing to the Executive Director of the Board, who will then review each request with a committee appointed by the president of the Board, taking into account the above factors. The committee shall consist of the Executive Director, a staff employee of the Board, and two voting members of the Board. Recommendations from the committee shall be presented to the Board for approval.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Rule 1.3 Licensure Examinations. The Board recognizes four (4) separate and distinct examinations, to-wit: The examinations administered by the NBME, NBOME (COMLEX), FLEX and USMLE. The Board adopted the FLEX as a method of licensure by examination on March 8, 1973. Prior to this date, the Board administered a written examination and endorsed licenses to practice medicine or osteopathic medicine obtained in most states by written examination. A separate discussion of each examination and this Board's requirements for the purpose of licensure is as follows:

- A. FLEX
 - 1. The Board adopted the FLEX as the method of licensure by examination on March 8, 1973. The last regular administration of the FLEX was December 1993. The

Board will recognize FLEX as a valid medical licensing examination subject to all requirements heretofore and hereinafter set forth.

2. Prior to January 24, 1985, the FLEX examination was divided into three components:

Day I--Basic Science

Day II--Clinical Science

Day III--Clinical Competence

In order to pass this examination, each applicant must have obtained a FLEX weighted average of 75 with Day I given a value of 1/6 of the entire examination, Day II given a value of 2/6, and Day III given a value of 3/6. The Board may make an exemption to the weighted average of 75 if the applicant has completed an approved residency program and is currently certified by a specialty board recognized by the ABMS or the AOA.

After January 24, 1985, the Board approved administration of a new FLEX examination with a different design from that administered since 1973. This examination was a three-day examination, and was comprised of two components. Component I consisted of one and one-half (1½) days and judged the readiness of a physician to practice medicine in a supervised setting. Component II consisted of one and one-half (1½) days and judged the readiness of a physician to practice independently. A score of 75 is considered a passing grade for each component.

3. An applicant had seven (7) years in which to pass both components of the FLEX.

B. USMLE

1. The USMLE is a three-step examination for medical licensure in the United States and is sponsored by the FSMB and NBME. The Board adopted the USMLE as an additional method of licensure by examination on September 16, 1993. The USMLE replaced FLEX and the NBME certification examinations during a phase-in period from 1992 to 1994. Unlike the three-day (two-component) FLEX, USMLE is a three-step examination that consists of three two-day examinations, Step 1, Step 2, and Step 3. Each step is complementary to the other; no step can stand alone in the assessment of readiness for medical licensure. The clinical skills examination is a separately administered component of Step 2 and is referred to as Step 2 Clinical Skills, or Step 2 CS. Unlike the FLEX, which was taken upon or after graduation from medical school most applicants will take Step 1 and 2 of the USMLE during their medical school years. Step 3 will be taken after graduation.
2. USMLE Steps 1, 2 and 3 must be passed within a seven-year time period beginning when the examinee passes his or her first Step. The Board, at its discretion, may waive this requirement based on extraordinary circumstances. The Board encourages all applicants to take Step 3 of the USMLE as soon as possible following receipt of the M.D. or D.O. degree.

C. NBME or NBOME

The Board recognizes diplomates of the NBME and on or after February 13, 1973, diplomates of the NBOME (COMLEX). Both examinations are administered in three (3) parts, Parts I, II and III and must be passed within a seven-year time period beginning when the examinee passes his or her first Part.

D. EXAM COMBINATIONS

Now that the FLEX and examinations administered by the NBME have been phased out, the Board will accept passing scores for the following combinations of the FLEX, NBME and USMLE examinations:

EXAMINATION SEQUENCE	ACCEPTABLE COMBINATIONS
NBME Part I <i>plus</i> NBME Part II <i>plus</i> NBME Part III	NBME Part I or USMLE Step 1 <i>plus</i> NBME Part II or USMLE Step 2 <i>plus</i> NBME Part III or USMLE Step 3
FLEX Component I <i>plus</i> FLEX Component II	FLEX Component I <i>plus</i> USMLE Step 3 <i>or</i> NBME Part I or USMLE Step 1 <i>plus</i> NBME Part II or USMLE Step 2 <i>plus</i> FLEX Component II
USMLE Step 1 <i>plus</i> USMLE Step 2 <i>plus</i> USMLE Step 3	

Amended September 13, 1997. Amended January 18, 2001. Amended February 18, 2003. Amended March 8, 2007. Amended May 17, 2007. Amended January 24, 2008. Amended July 1, 2009. Amended October 13, 2009. Amended March 19, 2015.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).