

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

CHANGE OF ADDRESS FORM

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



mboard@msbml.ms.gov or (601) 987-4159 (facsimile)

NOTE: ALL ADDRESSES IN OUR DATABASE WILL REFLECT WHAT IS ENTERED ON THIS FORM. ALL INFORMATION REQUESTED MUST BE GIVEN UNLESS NOT APPLICABLE. IF NOT APPLICABLE, PLEASE MARK "N/A".

Practitioner Name			
License No.		Date of Birth	
DEA No.		NPI No.	
Email Address			
Primary Practice Location		Primary Practice Telephone No.	
		Primary Practice Fax No.	
		Average # hours per week in direct patient care at this practice address	
Secondary Practice Location		Secondary Practice Location Telephone No.	
		Secondary Practice Location Fax No.	
		Average # hours per week in direct patient care at this practice address	
Mailing Address		Home Telephone No.	
		Additional Telephone No.	
Practitioner Signature			Date