

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
BARIATRIC PRACTICE APPLICATION FOR REGISTRATION AND RENEWAL
Appendix F

Primary Physician Owner / Operator Information <small>Please mark with N/A if not applicable</small>			
Primary Owner / Operator Name (as listed on Medical License)			MS MEDICAL LICENSE #
	CHECK ONE	INITIAL APPLICATION	RENEWAL
DEA Controlled Substance Registration Number	NPI Number National Provider Identifier	Federal Tax ID Number	
Primary Practice Address			
Email address			
Phone Number(s)			
Documentation of ownership: Submit with this Form	<input type="checkbox"/> Sole Proprietor - IRS Tax Form 1040, Schedule C <input type="checkbox"/> Corporation - IRS Tax Form 1120 or 1120S, Federal & State <input type="checkbox"/> Partnership - IRS Tax Form 1065 <input type="checkbox"/> Other document		
<p>Rule 1.6 E (1) and (2). If a physician's practice is 30% or greater in bariatric medicine, advertising medical weight loss, or overseeing/collaborating with a nurse practitioner or physician assistant to provide comprehensive treatment of obesity, the physician must have expertise in the field of bariatric medicine with no less than:</p> <p><input type="checkbox"/> 1. 100 AMA or AOA Category 1 CME hours in the core-content of bariatric medicine. Should be obtained within a 24 month period, OR</p> <p><input type="checkbox"/> 2. Board certified in Bariatric Medicine, AND</p> <p><input type="checkbox"/> 3. 30 AMA or AOA Category 1 CME in core-content of bariatric medicine for every renewal year of baratric medicine practice (July 1 - June 30).</p> <p><i>Provide copies of certificates for Board certification and/or certificates of completion for CME, Residency or Fellowships. **NOTE: For any Physician who is currently practicing bariatric medicine you have 24 months from the effective date (10/31/2012) of Rule 1.6 Bariatric Medicine / Medical Weight Loss Clinics to comply with the initial CME requirement or have obtained Board certification in Bariatric medicine.</i></p>			

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Bariatric Practice Information Please mark with N/A if not applicable				
Corporate or Legal Name of Bariatric Practice:				
Bariatric Practice Registration Number issued by the Mississippi State Board of Medical Licensure ** Internal Office Use Only				
Physical Address of Bariatric Practice (no post office box):				
Mailing Address of Practice:				
Phone Numbers of Practice:				
Designated Contact Person(s) Name, direct phone number and email address				
Phone:				
Email:				
PRACTICE OPERATING HOURS				
				TOTAL HOURS
SUN		TO		
MON		TO		
TUE		TO		
WED		TO		
THU		TO		
FRI		TO		
SAT		TO		
TOTAL HOURS				

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YES NO

- ___ ___ Do you dispense medication for the treatment of weight loss in your practice?
- ___ ___ Do you dispense, sell or market supplements for the treatment of weight loss in your practice?
- ___ ___ Do you collaborate with a Nurse Practitioner in your Bariatric practice?
Include a copy of a protocol specific to this Bariatric practice.
- ___ ___ Do you supervise a Physician Assistant?
Include a copy of the Mississippi State Board of Medical Licensure approved protocol.
- ___ ___ Have you reviewed the Administrative Code Part 2640, Chapter 1, Rules Pertaining to Prescribing, Administering and Dispensing of Medication and specifically Rule 1.5 Use of Diet Medication and Rule 1.6 Bariatric Medicine /Medical Weight Loss Clinics?

I certify that the information that I have provided on this application is correct. I understand that it is a violation of the Mississippi Medical Practice Act, Miss. Code Ann. Section 73-25-1 et seq., to submit a false or misleading statement to a governmental agency. I acknowledge that the Mississippi Board of Medical Licensure (MSBML) is not authorized to issue a Bariatric Practice certification if I do not provide all requested information. I certify that I am the person named in this document, and all statements I have made are true.

Physician Signature:

Date:

Contact Information:

If you have any questions, please Contact the Investigative Division of the Mississippi State Board of Medical Licensure at: 1867 Crane Ridge Drive, Suite 200-B, Jackson, MS 39216 Fax: (601) 987-6822 Tel: (601) 987-0231.

Mail Forms: **MSBML/ Investigative Division - Bariatric Practice, Attn: Carrillo**, 1867 Crane Ridge Drive, Ste 200-B, Jackson, MS 39216. Submit original signed documents only, NO facsimile, email or duplicate copies will be accepted.