

**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
PAIN PRACTICE APPLICATION FOR
RENEWAL**

Primary Physician Owner Information <small>Please mark with N/A if not applicable</small>			For Office Use Only Date Received:
Primary Physician Name (as listed on MS Medical License)			MS MEDICAL LICENSE #
Pain Practice Certificate #	DEA Controlled Substance Registration Number	NPI Number National Provider Identifier	Federal Tax ID Number
Registered Pain Practice Address	<input type="checkbox"/> Check here if this is a new address		
Email address			
Phone Number(s)			
Documentation of ownership: Provide copy of checked document if you had not provided on initial application for registration	<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 (subject to approval by Executive Director) <input type="checkbox"/> ON FILE (Updated documents will be required every two years beginning 2014)		
<u>DOCUMENT LIST FOR THIS RENEWAL</u>			
<ul style="list-style-type: none"> ● Provide copy of ownership documentation if any change in ownership had occurred since issuance of Pain registration certificate expiring 06/30/2016. ● Provide copy of ownership documentation if you had not submitted the required IRS Tax form when making initial application. ● If you do not have the appropriate IRS Tax form please submit explanation in writing. ● Provide copies of certificates of completion for the required CME for pain medicine for the time period July 1, 2015 to June 30, 2016. ● Copy of DEA certificate for any health professional if adding to practice staff. ● Copy of protocols if adding a APRN or a PA ● CME certificates of completion for all physicians / physician assistants in this registered pain practice. 			

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Pain Management Practice Information <small>Please mark with N/A if not applicable</small>	Pain Practice Certificate #
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Physical Address of Registered Pain Clinic (post office box is not acceptable)

Check here if this is a new address

Mailing Address of Registered Pain Practice:

Check here if this is a new address

Designated Contact Person(s) Name and DIRECT phone number and email address

NAME	TELEPHONE NUMBER	EMAIL ADDRESS

Registered with MSBML for Office Based Surgery? Yes No

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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Do you currently hold an active, unrestricted medical license in Mississippi?	Yes
If the answer to this question is "no", you are not currently eligible to own and operate a pain practice.	No
Have you, or any physician co-owner, any physician or physician assistant with whom you employ or contract services:	
been denied, by any jurisdiction, a certificate issued by the Drug Enforcement Administration (DEA) under which the person may prescribe, dispense, administer, supply or sell a controlled substance or other listed medications under definitions?	Yes
	No
held a certificate issued by the Drug Enforcement Administration under which the person may prescribe, dispense, administer, or supply or sell a controlled substance that has been restricted?	Yes
	No
been subject to disciplinary action by any licensing entity for conduct that was a result of inappropriately prescribing, dispensing, administering, supplying or selling a controlled substance?	Yes
	No
have been terminated from Mississippi's Medicaid Program, the Medicaid program of any other state, or the federal Medicare program, unless eligibility has been restored.	Yes
	No
Have you, or any physician co-owner or physician assistant in this practice, ever been convicted of, pled nolo contendere to, or received deferred adjudication for:	
an offense that constitutes a felony?	Yes
	No
an offense that constitutes a misdemeanor, the facts of which relate to the distribution of illegal prescription drugs or a controlled substance?	Yes
	No
Are you, or any physician co-owner or physician assistant in this practice, a current participant in the Mississippi Professionals Health Program?	
	Yes
	No
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 pain management 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 - Pain Practice Application / Renewal**, 1867 Crane Ridge Drive, Ste 200-B, Jackson, MS 39216. Submit original signed documents only, NO facsimile, email or duplicate copies will be accepted.