

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

<b>Primary Physician Owner / Operator Information</b> Please mark with N/A if not applicable		
<b>Primary Owner / Operator Name</b> (as listed on Medical License)		<b>MS MEDICAL LICENSE #</b>
<b>CHECK ONE</b> <span style="margin-left: 200px;"><b>ONE FORM FOR EACH LOCATION</b></span>		
<input type="checkbox"/> <b>INITIAL APPLICATION</b>		<input type="checkbox"/> <b>RENEWAL - INCLUDE CERTIFICATE NUMBER</b>
<b>DEA Controlled Substance Registration Number</b>	<b>NPI Number National Provider Identifier</b>	<b>Federal Tax ID Number</b>
Corporate Legal Name Of Practice	Physical Address	
Practice Address	Mailing Address	
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 (subject to approval by Executive Director)	
<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, <b>OR</b></p> <p><input type="checkbox"/> 2. Board certified in Bariatric Medicine, <b>AND</b></p> <p><input type="checkbox"/> 3. 30 AMA or AOA Category 1 CME in core-content of bariatric medicine for every renewal year of bariatric 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. <b>**NOTE:</b> 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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<b>Bariatric Practice Information</b>			
Please mark with N/A if not applicable			
Phone Numbers of Practice:			
<b>Designated Contact Person(s) Name, <b>DIRECT</b> phone number and email address</b>			
Name	Telephone Number		Email Address
<b>PRACTICE OPERATING HOURS</b>			
SUN		TO	TOTAL HOURS
MON		TO	
TUE		TO	
WED		TO	
THU		TO	
FRI		TO	
SAT		TO	
TOTAL HOURS			

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List All Individuals who may be owner(s), principal(s), Officer(s), agents(s), managing employee(s), contract employee(s) and affiliated person(s) - use additional copies of this form if necessary. List All Practitioners/Employees. Provide practice specific protocols for Nurse Practitioners and Physician Assistants (protocol as approved by MSBML) ~ Employee Type/Title examples, clerk, receptionist, aide ~ Degree examples, M.D., D.O., PA, APRN ~ Copy this page to submit personnel changes as necessary for Updates..

NAME	EMPLOYEE TYPE /TITLE	New Employee Y or N	DEGREE	LICENSE #	DEA#	NPI#	DOB

Primary Physician Name: \_\_\_\_\_

Date: \_\_\_\_\_

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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**, 1867 Crane Ridge Drive, Ste 200-B, Jackson, MS 39216 FAX: 601-987-6822