



MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
For Every Patient. For Every Provider. For Every Mississippian.

For Office Use Only	
Date Received	Reviewed By

OFFICE BASED SURGERY REGISTRATION FORM

(For Levels II and III only)

PLEASE PRINT IN INK OR TYPE

Name:

Last	First	Middle	MS License Number
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Indicate how credentialed: Board certification Alternative credentialing

Explain: _____

Primary surgical practice location List physical address of all locations	Surgical Level(s) (II and/or III)
1.	
2.	
3.	

List procedures to be performed in office (additional procedures may be listed on a separate page):

Signature	Date
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RETURN BY MAIL TO:

Mississippi State Board of Medical Licensure
 805 S. Wheatley Street, Suite 600, Ridgeland, MS 39157

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