



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

Administrative Statement

I, _____, attest that I will not be providing medical or clinical services to or for patients while in possession of an administrative license in the state of Mississippi.

State of _____

County of _____

On this ____ day of _____, 20__, before me personally appeared _____, to me known to be the person(s) described in and who executed the foregoing instrument, and acknowledged he/she/they executed the same as his/her/their free act and deed.

Signature of Notarial Officer

Title of Notarial Officer

Commission Expiration Date

(SEAL)

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