



MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

For Every Patient. For Every Provider. For Every Mississippian.

Background Check

Mandatory Information

FULL NAME:													
DATE OF BIRTH (CCYYMMDD):	PLACE OF BIRTH:												
GENDER: ☐ Male ☐ Female	RACE: ☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander ☐ Black ☐ White ☐ Other - Specify:												
HEIGHT (feet and inches):	WEIGHT (pounds):												
EYE COLOR: ☐ Black ☐ Blue ☐ Brown ☐ Gray ☐ Green ☐ Hazel	HAIR COLOR: <table><tr><td>☐ Black</td><td>☐ Orange</td></tr><tr><td>☐ Blond or Strawberry</td><td>☐ Pink</td></tr><tr><td>☐ Blue</td><td>☐ Purple</td></tr><tr><td>☐ Brown</td><td>☐ Red or Auburn</td></tr><tr><td>☐ Gray or Partially Gray</td><td>☐ Sandy</td></tr><tr><td>☐ Green</td><td>☐ White</td></tr></table>	☐ Black	☐ Orange	☐ Blond or Strawberry	☐ Pink	☐ Blue	☐ Purple	☐ Brown	☐ Red or Auburn	☐ Gray or Partially Gray	☐ Sandy	☐ Green	☐ White
☐ Black	☐ Orange												
☐ Blond or Strawberry	☐ Pink												
☐ Blue	☐ Purple												
☐ Brown	☐ Red or Auburn												
☐ Gray or Partially Gray	☐ Sandy												
☐ Green	☐ White												

I certify that all of the information supplied above is true and correct to the best of my knowledge. I am aware that this information will be used in the submission of my fingerprints to the Federal Bureau of Investigation (FBI).

SIGNATURE OF APPLICANT	DATE OF SIGNATURE

Kenneth Cleveland, M.D. | Executive Director

805 S. Wheatley Street, Suite 600, Ridgeland, MS 39157 • (601) 987-3079

www.msbl.ms.gov