



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

MD/DO 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.

Signature of Applicant

Date

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)

Mail or hand-deliver the original notarized statement to:

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

Kenneth Cleveland, M.D. | Executive Director

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

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