



PAIN MANAGEMENT PRACTICE REGISTRATION / RENEWAL

This is for physicians who are the primary practitioner of a pain management medical practice to register or renew for the fiscal year 2019-20.

On October 29, 2018, the Board revised the Administrative Code Part 2640, Chapter 1: Regulations Pertaining to Prescribing, Administering and Dispensing of Medication, Rule 1.2, K., a Pain Management Practice is defined in the regulation as a public or privately owned practice for which 50% or more of the patients are issued, on a regular or recurring basis, a prescription for opioids, barbiturates, benzodiazepines, carisoprodol, butalbital compounds, or tramadol for the treatment of chronic non-cancerous/non-terminal pain. Included in this definition is any practice that advertises and/or holds itself out to provide pain management services. Patients who are treated for pain resulting from a terminal illness do not count against the percentage stated herein.

The primary physician, owner/operator/employee of a Pain Management Medical Practice must register with the Mississippi State Board of Medical Licensure. Certificates, once issued, are not transferable or assignable. Only the primary physician and / or owner is required to register with the Board. All practitioners/employees associated with clinic in the treatment of pain management patients, whether in the capacity as an owner / practitioner / employee should be listed on the application. Each practice requires a separate application/certificate. ALL physicians practicing in a hospital practice should register.

If you have any questions, please contact the Mississippi State Board of Medical Licensure at: 1867 Crane Ridge Drive, Suite 200-B, Jackson, MS 39216. Please do not call for updates as this could delay the process. You may fax forms addressed as “**Pain Practice**” to (601) 987-6822, or call (601) 987-0827, please leave a message or email: ExecutiveAdmin1@msbml.gov

PAIN PRACTICE CHECKLIST

PAIN MANAGEMENT CLINIC REGISTRATION APPLICATION. Complete the application in its entirety. If any part of the form is not applicable mark with N/A do not leave blank.

PAIN PRACTICE CERTIFICATE RENEWAL. All certificates expire on June 30 and must be renewed annually. Renewal will begin on May 1st every year.

PROOF OF OWNERSHIP. Submit acceptable documents as listed on the form. If the practice has not filed documents with the IRS, other documents may be submitted with a written explanation and notarized signature of practice owner(s) for approval by the Executive Director. Provide documents indicating Company/owner if you are employee or contract personnel.

TRAINING / CONTINUING MEDICAL EDUCATION. Submit a spreadsheet with the total number of CME hours along with copies of certificates of completion for any Board certification, Residency, Fellowships and CME as listed in the regulation, Part 2640, Chapter 1, Rule 1.14. I. For CME listed in number 5 of the regulation, 100 hours of interactive live participatory AMA or AOA Category 1 CME and must be in Pain Management as stipulated in the regulation. CME documents not submitted on a spreadsheet will be returned and may cause a delay in processing.

PHYSICIAN ASSISTANT REQUIREMENTS. Prior to practicing in a pain practice, Physician Assistants must meet requirements listed in the pain practice regulation, Part 2640, Chapter 1, Rule 1.14. K and provide yearly CME with emphasis in pain management.

DEA DOCUMENTATION. Submit a copy of your current DEA Certificate and include copies of the DEA certificates of all health professionals employed or contracted in the pain practice.

LICENSURE VERIFICATION. Provide copies of licensure for all health professionals contracted and employed in the pain practice. Additionally, for all Physician Assistants and/or Nurse Practitioners listed in the pain practice, provide a copy of the practice specific protocol executed by all parties. For Physician Assistants, provide a copy of the protocol approved and filed with the Mississippi State Board of Medical Licensure.

OFFICE BASED SURGERY. Pain practices which perform procedures that meet the definition of Level II or III Office Based Surgery should be registered with the Mississippi State Board of Medical Licensure as stipulated in Administrative Code, Part 2635: Chapter 2 Office Based Surgery.

PRESCRIPTION MONITORING PROGRAM. All Physicians and Physician Assistants practicing in a pain practice must register with the Mississippi Prescription Monitoring Program (“MPMP”) as stipulated by regulation Part 2640, Chapter 1. Rule 1.14. Each individual who is licensed by the Mississippi State Board of Medical Licensure and has prescriptive authority must be registered with the Mississippi Prescription Monitoring Program (MPMP). To register with the Mississippi Board of Pharmacy Prescription Monitoring Program follow the Prescription Monitoring Program link on the Mississippi State Board of Medical Licensure home page.

PAIN PRACTICE REGISTRATION / RENEWAL FORM

Mail documents to:

MSBML - Pain Practice

1867 Crane Ridge Drive, Suite 200-B Jackson, MS 39216

ExecutiveAdmin1@msbml.gov

FAX: 601-987-6822

All items listed that apply to your practice **MUST** be submitted. All copies must be on 8-1/2 x 11, single-sided and official documents when required. All application material must be original, unaltered, and official as required.