



**Mississippi State Board of Medical Licensure
Bariatric / Medical Weight Loss
Weight Management Practice
Registration and Renewal Application Form**

For Office Use Only | Date Received:

Primary Physician Name (as listed on Medical License)

MS MEDICAL LICENSE NUMBER

CHECK ONE

ONE FORM FOR EACH LOCATION

Is This an Initial Application?

Renewal – Include Certificate Number

Is this a Hospital Based Practice or Privately owned?

Yes or No

Provide and attach the required documentation indicating ownership.

**DEA Controlled Substance
Registration Number**

**NPI Number
National Provider Identifier**

Federal Tax ID Number

**Corporate Legal
Name of Practice**

**Practice
Address**

Physical Address

Mailing Address

**Certification
Training**

**For Initial
Application
ONLY**

_____ I have a Bariatric Medicine Certification • *****Attach a copy of Board Certification.**

- OR -

_____ I have completed 100 AMA or AOA Category 1 CME in the core-content of Bariatric Medicine • **Attach CME Certificates of Completion**

***Provide a copy of certification from a Board in Bariatric Medicine or provide certificates of completion of 100 AMA or AOA Category 1 CME in the core-content of bariatric / Weight loss medicine. Online CME is acceptable provided it is AMA or AOA Category 1 continuing medical education in the core-content of bariatric / weight loss medicine.

Note: Do Not Submit CME For Renewal Unless Specifically Requested by This Office.

**Mississippi State Board of Medical Licensure
 Bariatric / Medical Weight Loss
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Designated Points Contact

Name / Position	Telephone / Cell Number	Email Address

PRACTICE OPERATING HOURS

SUN		TO		
MON		TO		
TUE		TO		
WED		TO		
THU		TO		
FRI		TO		
SAT		TO		
Total Hours				

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Yes

No

_____ _____ Do you dispense medication for the treatment of weight loss in your practice?

_____ _____ Do you dispense, sell or market supplements for the treatment of weight loss in your practice?

_____ _____ Do you collaborate with a Nurse Practitioner in your Bariatric practice? Include a copy of a protocol specific to this Bariatric practice.

_____ _____ Do you supervise a Physician Assistant? A copy of the Physician Assistant Board approved protocol specific to Bariatric / Weight loss should be on file in MELS.

_____ _____ Have you reviewed the Administrative Code Part 2640, Chapter 1, Rules Pertaining to Prescribing, Administering and Dispensing of Medication, specifically Rule 1.5 Use of Diet Medication, Rule 1.2 M. Definitions and Rule 1.6 Bariatric Medicine, Medical Weight Loss, or Weight Management Practice?

I certify that the information that I have provided on this application is correct. I understand that it is a violation of the Mississippi Medical Practice Act, Miss. Code Ann. Section 73-25-1 et seq., to submit a false or misleading statement to a governmental agency. I acknowledge that the Mississippi Board of Medical Licensure (MSBML) is not authorized to issue a Bariatric Practice certification if I do not provide all requested information. I certify that I am the person named in this document, and all statements I have made are true.

Physician Signature: _____ Date: _____

Print / Type Name: _____

Contact Information:

If you have any questions, please contact the Mississippi State Board of Medical Licensure at Tel: (601) 987-3079, Request to speak with the Bariatric Practice Specialist.

Mail forms to: **MSBML - Bariatric Practice**, 1867 Crane Ridge Drive, Ste 200-B, Jackson, MS 39216
FAX: 601-987-4159. Cover page should identify the name of the primary physician and Mississippi medical license number.



Mississippi State Board of Medical Licensure (MSBML)
**Bariatric / Medical Weight Loss
Weight Management Practice**
Registration and Renewal Application Form
Required Supporting Document List

Initial Application:

_____ Provide a copy of the current DEA certificate for all prescribing healthcare professionals in this practice i.e., physicians, physician assistants and APRNs.

_____ For a hospital based / owned practice, provide a letter from the hospital administration indicating ownership.

_____ For all licensed physicians in this practice, provide a copy of certification from a Board in Bariatric Medicine or provide certificates of completion of 100 AMA or AOA Category 1 CME in the core-content of bariatric / Weight loss medicine. Online CME is acceptable provided it is AMA or AOA Category 1 continuing medical education in the core-content of bariatric / weight loss medicine.

_____ For Physician Assistants in a registered Bariatric practice, an approved practice specific protocol should be on file with the Mississippi State Board of Medical Licensure / Medical Enforcement & Licensure System (MELS).

_____ Submit a copy of an executed protocol for Physicians that collaborate with Advanced Practice Nurse Practitioners (APRN), in a registered Bariatric practice / Weight loss practice.

Renewal Application:

_____ Physicians who are added to a registered practice must be reported to the MSBML for approval prior to beginning practice. Provide a copy of certification from a Board in Bariatric Medicine or provide certificates of completion of 100 AMA or AOA Category 1 CME in the core-content of bariatric / Weight loss medicine. Online CME is acceptable provided it is AMA or AOA Category 1 continuing medical education in the core-content of bariatric / weight loss medicine.

_____ A copy of renewed DEA certificate if expired since last renewal / update.

_____ Updated employee / staff list page of renewal application if any changes had been made since last renewal.

_____ To Add an APRN to a registered practice, provide a copy of an executed protocol specific to a Bariatric practice. Reminder: Update all physician collaborative relationship changes in the MELS Gateway System.

_____ To Add a Physician Assistant to a registered practice, an approved practice specific protocol should be on file in the MELS Gateway system. Physician Assistants should update protocol in the MELS Gateway System.

Note: Do Not Submit CME For Renewal Unless Specifically Requested by This Office. Maintain CME records as directed by Part 2610 Chapter 2: CME Requirements, Rule 2.5 Record Keeping Requirement. Be prepared to produce CME records upon request.