



**Mississippi State Board of Medical Licensure  
Pain Management Medical Practice  
Registration and Renewal Application Form**

<b>For Office Use Only   Date Received:</b>	
<b>Primary Physician Name</b> (as listed on Medical License)	<b>MS MEDICAL LICENSE NUMBER</b>
<b>CHECK ONE   ✓</b>	<b>ONE FORM FOR EACH LOCATION</b>
<b>Initial Application?</b>	<b>Renewal – Include Certificate Number</b>

**1**

**OWNERSHIP**

Provide and Attach the Required Documentation Indicating Proof of Ownership.

**Initial Application Only   Check One   ✓**

Is this a Hospital based / owned Practice ?

Is this practice registered as a healthcare entity with the Secretary of State to do business in the state of Mississippi?

Is this practice Physician owned?

Does the Physician owner(s) or operator(s) practices at least 20 hours per week providing direct patient care?

<b>DEA Controlled Substance Registration Number</b>	<b>NPI Number National Provider Identifier</b>	<b>Federal Tax ID Number</b>
<b>Corporate Legal Name of Practice</b>		
<b>Pain Practice Address</b>	<b>PHYSICAL ADDRESS</b>	<b>MAILING ADDRESS</b>

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Certification / Training

Provide a copy of the certification or the CME certificates of completion

2

*All physicians who serves as a medical director, manager, or employee or who provides care in pain management medical practice must meet **one** of the following qualifications listed below:*

**For Initial  
Application**

**or**

**Adding a  
Physician  
to the  
practice**

1. board certification by a specialty board recognized by the American Board of Medical Specialties (ABMS) or the American Board of Addiction Medicine (ABAM) and hold a subspecialty certification in pain medicine;
2. board certification by a specialty board recognized by the American Osteopathic Association Bureau of Osteopathic Specialists (BOS) in pain management;
3. board certification in pain medicine by the American Board of Pain Medicine (ABPM);
4. successful completion of a residency program in **physical medicine and rehabilitation, anesthesiology, neurology, or neurosurgery** and approved by the ACGME or the AOA; or
5. successful completion of 100 hours of inter-active live participatory AMA or AOA Category 1 CME courses in pain management

\_\_\_\_\_  
Primary Physician Name

\_\_\_\_\_  
Specialty

\_\_\_\_\_  
Subspecialty

\_\_\_\_\_  
Certifying Board

**Physician(s) in this Practice:**

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Specialty

\_\_\_\_\_  
Subspecialty

\_\_\_\_\_  
Certifying Board

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Specialty

\_\_\_\_\_  
Subspecialty

\_\_\_\_\_  
Certifying Board

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Specialty

\_\_\_\_\_  
Subspecialty

\_\_\_\_\_  
Certifying Board

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Specialty

\_\_\_\_\_  
Subspecialty

\_\_\_\_\_  
Certifying Board

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**Designated Practice Contact**

Name / Position	Telephone / Cell Number	Email Address

Level II or III Office Based Surgery performed in your pain practice?	YES	NO

If yes, is this Office Based Surgery Registered with MSBML?	YES	NO

**PRACTICE OPERATING HOURS**

Sunday	_____	to	_____
Monday	_____	to	_____
Tuesday	_____	to	_____
Wednesday	_____	to	_____
Thursday	_____	to	_____
Friday	_____	to	_____
Saturday	_____	to	_____

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List **ALL** licensed professionals, clerical and supporting staff employed in this practice. Copy this page if necessary. Identify all individuals with prescriptive authority who are employed or contracted in any capacity and report any changes of information provided in the application for registration or renewal within 30 days of the effective date of the change.

Date: \_\_\_\_\_

[illegible]

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**I attest that, to the best of my knowledge and belief, no physician or physician assistant that provides care in this practice has ever:**

Rule 1.14 Pain Management Medical Practice.

G. No physician owners or operators of a pain management practice, nor any physician, nor any physician assistant, nor any medical director, manager, or employee or any physician or physician assistant who provides care may:

1. have been denied, by any jurisdiction, a certificate permitting the licensee to order, prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions;
2. have been issued, by any jurisdiction, a limited certificate to order, prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions;
3. have been denied a certificate issued by the Drug Enforcement Administration (DEA) permitting the licensee to order, prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions;
4. have been issued a limited certificate by the Drug Enforcement Administration (DEA) permitting the licensee to order, prescribe, dispense, administer, supply or sell a controlled substance or the other listed medications under definitions;
5. have been subject to a disciplinary action by any licensing entity for conduct that was a result of inappropriately prescribing, dispensing, administering, supplying or selling a controlled substance or the other listed medications under definitions; or
6. have been terminated from Mississippi's Medicaid Program, the Medicaid program of any other state, or the federal Medicare program, unless eligibility has been restored.

H. No physician or physician assistant may own, operate, or practice in a pain management medical practice who has been convicted of, pled nolo contendere to or received deferred adjudication for:

1. an offense that constitutes a felony; or
2. an offense that constitutes a misdemeanor, the facts of which relates to the illegal distribution or sale of drugs or controlled substances.

***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 pain management 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.***

\_\_\_\_\_  
Primary Physician Signature

\_\_\_\_\_  
Date

**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 Pain Management Medical Practice Application Specialist.

Mail forms to: **MSBML – Pain Management Medical 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 their Mississippi medical license number.

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Required Supporting Document List & Instructions

1

- Hospital Based practice / owned practice, provide a letter from the hospital administration indicating ownership.
- Healthcare entity registered with the Mississippi Secretary of State – A copy of the current Annual Report or any other document indicating registration with the MS SOS office.
- Practice owned by a Physician(s), provide copy of the Tax form that applies:
  - Sole Proprietor - IRS Tax Form 1040, Schedule C
  - Corporation - IRS Tax Form 1120 or 1120S, Federal & State
  - Partnership - IRS Tax Form 1065
  - Other document (subject to approval by Executive Director)
- A current copy of the Primary Physician's DEA Controlled Substance Certificate

2

**Provide Training Documentation for an Initial Registration Application or to Add a Physician(s) to the Practice**

- Provide a certificate for physical medicine and rehabilitation, anesthesiology, neurology, or neurosurgery recognized by the American Board of Medical Specialties (ABMS) or the American Board of Addiction Medicine (ABAM) **AND** a subspecialty certificate in pain medicine or
- A certificate from the American Osteopathic Association Bureau of Osteopathic Specialists (BOS) in pain management or
- A certificate in pain medicine by the American Board of Pain Medicine (ABPM) or
- A certificate indicating successful completion of a residency program in **physical medicine and rehabilitation, anesthesiology, neurology, or neurosurgery** and approved by the Accreditation Council of Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) or
- Certificates indicating successful completion of 100 hours of inter-active live participatory AMA or AOA, Category I continuing medical education (CME) courses in pain management. Certificates should clearly state that the course was interactive and live and earned within the last two (2) two years.

3

- Provide a current DEA Controlled Substance Certificate for all Healthcare professionals that prescribe in this practice.
- Provide a copy of Professional license for APRNs listed in this practice
- Provide a copy of the protocol specific to this pain practice / collaborative relationship between the physician(s) and APRNs. APRNs listed on this page should also be listed for each collaborating physician in the MELS Gateway System.
- All Physician Assistants listed on this page should have their collaborative physician listed in the MELS Gateway System to include an approved protocol specific to a pain practice.

**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.**