

**BOARD MINUTES  
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE  
NOVEMBER 12, 2025**

A regularly called meeting of the Mississippi State Board of Medical Licensure was held on November 12, 2025, at 1867 Crane Ridge Drive, Suite 200B, Jackson, MS, after being duly noticed on the Mississippi Public Notice website, this Board's website, and the front door of the Board's offices, in accordance with law.

**A QUORUM OF SEVEN (7) VOTING MEMBERS WAS PRESENT ON NOVEMBER 12, 2025:**

C. Kenneth Lippincott, M.D., Tupelo, President  
Roderick Givens, M.D., Natchez, Secretary  
Kirk L. Kinard, D.O., Oxford  
William E. Loper, M.D., Ridgeland  
Randy Roth, M.D., Pascagoula  
Carlos Latorre, M.D., Vicksburg  
H. Allen Gersh, M.D., Hattiesburg, Via Zoom

**ALSO PRESENT:**

Paul Barnes, General Counsel  
Meagan Guyse, Deputy General Counsel  
Pamela Ratliff, Special Assistant Attorney General  
Kenneth Cleveland, Executive Director  
Adrienne Brantley, Deputy Director  
Anna Boone, Director of Licensure Division  
Jackie McKenzie, Paralegal  
Ken Slay, IT Project Manager  
Jonathan Dalton, Director of Investigations  
Frances Carrillo, Executive Assistant  
Anna Ruffin, Court Reporter, Brown Court Reporting

**NOT PRESENT:**

Michelle Y. Owens, M.D., Jackson, Vice President  
Renia Dotson, M.D., Greenville  
Shoba Gaymes, Jackson, Consumer Member

The meeting was called to order at 10:30 am by Dr. Lippincott, President. The invocation was given by Dr. Givens, and the pledge was led by Dr. Loper. Dr. Cleveland, Executive Director, called Roll and reported there was a quorum present.

Dr. Lippincott introduced Pamela Ratliff, Special Assistant Attorney General, who will serve as the Board's Hearing Officer, and Anna Ruffin, Court Reporter with Brown Court Reporting.

**Executive Director Report**

Dr. Cleveland provided an updated summary regarding Licensure and Investigative Division operations for September and October 2025. Dr. Cleveland reported that the FSMB is

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currently seeking Directors and asked the Board to follow up with him if they have any referrals for individuals they consider strong candidates to serve as a Director for the FSMB.

Dr. Cleveland noted that there is currently only one consumer member on the Board, and she represents Supreme Court District 1. If the Board members have any referrals they consider strong candidates to serve as consumer Board members for Supreme Court Districts 2 and 3, please follow up with Dr. Cleveland.

**Review and Approval of Minutes of the Executive Committee dated November 12, 2025.**

Upon review of the minutes of the Executive Committee Meeting dated November 12, 2025, Dr. Givens moved for approval of the minutes as submitted. Dr. Loper seconded the motion, and it carried unanimously.

**Review and Approval of Minutes of the Board Meeting dated September 17-18, 2025.**

Upon review of the minutes of the Board Meeting dated September 17-18, 2025, Dr. Roth moved for approval of the minutes as submitted. Dr. Kinard seconded the motion, and it carried unanimously.

**Approval of Minutes of the Specially Called Executive Committee Meeting dated September 30, 2025.**

Upon review of the minutes of the Board Meeting dated September 30, 2025, Dr. Loper moved for approval of the minutes as submitted. Dr. Givens seconded the motion, and it carried unanimously.

**Report of November 12, 2025, Executive Committee Meeting**

Dr. Givens reported on the matters considered by the Executive Committee on November 12, 2025, and the recommendations made.

A motion was made by Dr. Roth, seconded by Dr. Loper, and carried, to accept the report and ratify the recommendations as reported by the Executive Committee.

**REPORT FROM THE RULES, REGULATION, AND LEGISLATIVE COMMITTEE**

Dr. Kinard reported the committee had a meeting regarding the following three items:

1. Withdrawal of proposed regulation/Proposed – Part 2630 Ch. 1: Collaboration with Nurse Practitioners and Supervision of Certified Registered Nurse Anesthetists.
2. Adoption of proposed regulation, Part 2610, Ch. 2 Continuing Medical Education (CME) Requirements.
3. For Consideration and Adoption – Policy 317 Closing a Physician's Practice.

After discussion, a motion by Dr. Givens, seconded by Dr. Gersh, and carried unanimously, the Board **APPROVED** the request for the withdrawal of the proposed regulation, Part 2630 Ch. 1: Collaboration with Nurse Practitioners and Supervision of Certified Registered Nurse Anesthetists in Item 1.

After discussion, a motion by Dr. Givens, seconded by Dr. Loper, and carried unanimously, the Board **APPROVED** the request for adoption of proposed regulation, Part 2610, Ch. 2 Continuing Medical Education (CME) Requirements in Item 2.

After discussion, a motion by Dr. Roth, seconded by Dr. Latorre, and carried unanimously, the Board **APPROVED** the request for Consideration and Adoption of Policy 317 Closing a Physician's Practice in Item 3.

**PURSUANT TO MS CODE § 25-41-7(4)(d), INVESTIGATIVE SUBPOENA FOR APPROVAL, CASE NUMBER 2024-005. THIS IS A MATTER FOR REVIEW AND DISCUSSION TO BE HELD IN EXECUTIVE SESSION TO DISCUSS INVESTIGATIVE PROCEEDINGS REGARDING ALLEGATIONS OF MISCONDUCT OR VIOLATIONS OF LAW.**

Mr. Barnes requested that the Board entertain a motion to close the meeting to consider going into executive session to decide whether to issue an investigative subpoena pursuant to Miss. Code Ann. § 25-41-7(4)(b). (Agenda Item #11).

A motion was made by Dr. Kinard, seconded by Dr. Roth, and carried that the Board meeting be closed to discuss whether to enter into executive session for the purpose of approving an investigative subpoena for case number 2024-005 pursuant to the authority of Miss. Code Ann. § 25-41-7(4)(d).

A motion was made, seconded, and passed to enter executive session. The Board entered executive session.

**RETURN TO OPEN SESSION**

The Board returned to open session. Dr. Givens reported that during the executive session, the Board unanimously **APPROVED** the investigative subpoena for case number 2024-005. Pursuant to Miss. Code § 73-25-27, the Executive Director of the Board is hereby authorized to issue the investigative subpoena, and this authorization shall be deemed an order spread on the minutes of the Board.

**HEARING IN THE CASE OF ARDARIAN DARICE GILLIAM PIERRE, M.D.  
MISSISSIPPI MEDICAL LICENSE #25936  
APPROVAL OF CONSENT ORDER**

Ms. Guyse briefly summarized the matter that led to a proposed Consent Order based on action taken by the Mississippi State Hospital, resulting in the Licensee voluntarily surrendering while under investigation.

Dr. Pierre was sworn in by the court reporter.

Dr. Pierre answered questions from Ms. Guyse.

Ms. Guyse reviewed the terms of the proposed Mississippi Consent Order with Dr. Pierre. Dr. Pierre accepted the terms of the Mississippi Consent Order.

Defense counsel, Doug Mercier, introduced himself, summarized the terms of the consent order, and questioned Dr. Pierre regarding the same.

Dr. Pierre answered questions from the Board.

Mr. Mercier made his closing statement.

A motion was made by Dr. Loper to approve the Consent order, seconded by Dr. Kinard, and carried unanimously to **APPROVE** the Consent Order.

A copy of the Consent Order is attached hereto and incorporated by reference.

The official account of this proceeding was recorded by Anna Ruffin, Court Reporter, Brown Court Reporting, Inc.

**HEARING IN THE CASE OF MAXIE LERONE GORDON, M.D.**  
**MISSISSIPPI MEDICAL LICENSE #17929**

**Dr. Lippincott recused himself and recommended recess for lunch.**

**THE BOARD RECESSED FOR LUNCH AT 11:20 AM AND RECONVENED AT 12:20 PM**

Dr. Lippincott appointed Dr. Givens as the presiding officer.

Mr. Barnes introduced himself and Meagan Guyse as complaint counsel.

Mr. Mike Brown introduced himself as counsel for Dr. Gordon.

Ms. Ratliff stated that Dr. Lippincott has recused himself from the hearing in this matter, and the Board has a quorum. The Board members introduced themselves for the record.

Mr. Barnes introduced exhibits into the record (MSBML 000001-000671) with no objection from Mr. Brown.

Mr. Brown introduced exhibits into the record with no objection from Mr. Barnes.

Ms. Ratliff stated that all records with confidential information will be admitted under seal. The exhibits will need to be redacted before being produced publicly.

Dr. Gordon, Mr. Jonathan Dalton, Ms. Demetrice Dotson, and Ms. Colendula Green were sworn in by the court reporter.

Mr. Barnes made an opening statement.

Mr. Brown made an opening statement.

Mr. Barnes called Dr. Gordon as an adverse witness.

Dr. Gordon answered questions from Mr. Barnes.

Dr. Gordon answered questions from Mr. Brown.

Dr. Gordon answered questions from the Board.

Ms. Guyse introduced excerpts from the depositions of Jon Jackson, M.D., Mr. James Chastain, and Williams Stone, DMD, that Ms. Guyse and Mr. Dalton read into the record.

Complaint Counsel rested their case-in-chief.

Mr. Brown recalled Dr. Gordon to the stand.

Dr. Gordon answered questions from Mr. Brown.

Dr. Gordon answered questions from Mr. Barnes.

Dr. Gordon answered questions from the Board.

Mr. Brown read into evidence excerpts from deposition transcripts.

Ms. Colendula Green, a police officer with the Jackson Police Department, was called as a witness by Mr. Brown.

Ms. Green answered questions from Mr. Brown.

Ms. Green answered questions from the Board.

Ms. Demetrice Dotson, a social worker with the Claiborne County Medical Center, was called as a witness by Mr. Brown.

Ms. Dotson answered questions from Mr. Brown.

Ms. Guyse made a closing statement.

Mr. Brown made a closing statement.

A motion was made by Dr. Roth, seconded by Dr. Kinard, and carried that the Board hearing be closed to discuss going into executive session.

### **CLOSED SESSION**

During the closed session, a motion was made by Dr. Loper, seconded by Dr. Latorre, and carried that the Board enter into executive session to deliberate the charges against Dr. Gordon. The Motion passes unanimously. The Board entered executive session.

### **RETURN TO OPEN SESSION**

Upon a motion by Dr. Loper, seconded by Dr. Kinard, and carried unanimously, the Board came out of executive session. Dr. Givens reported that the Board, with one abstention, finds Dr. Gordon **GUILTY** of Count I: Being disciplined by a licensed hospital or medical staff of said hospital in violation of Miss. Code Ann. § 73-25-83(c); Count II: Failing to report his collaborative relationships to the Board in violation of 30 Miss. Admin. Code Pt. 2630, Ch. 1, R. 1.3 and Miss. Code Ann. § 73-25-29(13); and Count III: Unprofessional conduct, which includes, but is not limited to, being guilty of any dishonorable or unethical conduct likely to deceive, defraud, or harm the public in violation of Miss. Code Ann. §§ 73-25-29(8)(d) and 73-25-83(a). Dr. Gordon's license will be suspended for one (1) year, with an immediate stay; Dr. Gordon must limit collaboration agreements to a maximum of ten (10) Nurse Practitioners; report to the Executive Director in six (6) months to review ten (10) or less collaborative agreements; and complete and pass the PROBE Course offered through CPEP and provide confirmation of completion to the Board.

**Dr. Lippincott returned to the Board hearing at 5:53 pm.**

**HEARING IN THE CASE OF MUHAMMAD BASIT, D.O.,  
MISSISSIPPI MEDICAL LICENSE #30129  
MOTION FOR CONTINUANCE**

Mr. Barnes advised that this is the first motion for a continuance by Dr. Basit's attorney, Conner Reeves, and is unopposed by Complaint Counsel.

A motion was made by Dr. Givens, seconded by Dr. Kinard, and carried unanimously to **ACCEPT** the motion to continue this matter.

A copy of the Order of Continuance is attached hereto and incorporated by Reference.

**HEARING IN THE CASE OF MARY T. JACOBSON, M.D., CA  
MISSISSIPPI MEDICAL LICENSE #28111  
APPROVAL OF CONSENT ORDER**

Ms. Guyse briefly summarized the matter, which led to a proposed Consent Order based on failing to establish a valid physician-patient relationship, using store-and-forward transfer technology to replace real-time physician-patient interaction, utilizing a questionnaire instead of a physical examination, and dishonorable conduct.

Dr. Jacobson was sworn in by the court reporter.

Dr. Jacobson answered questions from Ms. Guyse.

Ms. Guyse reviewed the terms of the proposed Mississippi Consent Order with Dr. Jacobson. Dr. Jacobson accepted the terms of the Mississippi Consent Order.

Defense counsel Julie Mitchell introduced herself, summarized the terms of the consent order, and questioned Dr. Jacobson regarding the same.

A motion was made by Dr. Roth to approve the Consent order, seconded by Dr. Latorre, and carried unanimously to **APPROVE** the Consent Order.

A copy of the Consent Order is attached hereto and incorporated by reference.

The official account of this proceeding was recorded by Anna Ruffin, Court Reporter, Brown Court Reporting, Inc.

#### **PUBLIC COMMENT**

No public comments.

#### **PURSUANT TO MS CODE § 25-41-7(4)(a), A PERSONNEL MATTER FOR REVIEW AND DISCUSSION TO BE HELD IN EXECUTIVE SESSION**

Upon a motion by Dr. Latorre, seconded by Dr. Loper, and carried to close the hearing to consider going into executive session to discuss a personnel matter.

A motion was made, seconded, and passed to enter executive session. The Board entered executive session.

A motion was made, seconded, and passed to return to open session.

#### **OPEN SESSION**

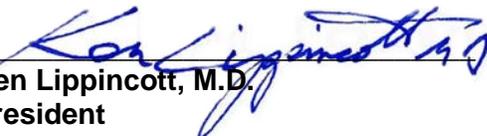
The Board returned to open session, and Dr. Givens reported the outcome. During the executive session, a three percent (3%) pay raise for the Executive Director was **APPROVED**, effective December 1, 2025.

#### **JANUARY 2026 BOARD MEETING DATES, WEDNESDAY, JANUARY 14, AND THURSDAY, JANUARY 15, 2026.**

After discussion regarding dates, the next regularly scheduled meeting of the board was set for Wednesday, January 14, 2026, and Thursday, January 15, 2026.

#### **ADJOURNMENT**

There being no further business, the meeting was adjourned at 6:09 p.m.

  
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**Ken Lippincott, M.D.**  
**President**

**Minutes taken and transcribed by:**  
Jackie McKenzie, Paralegal  
November 12, 2025

**BOARD MEETING AGENDA**  
**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**  
**November 12, 2025 at 10:30 am**

1. Meeting called to order.
2. Invocation, Pledge
3. Oath of Office – Dr. Latorre
4. Roll Call
5. Report from the Executive Director
6. Approval of Minutes of the Executive Committee Meeting dated September 17, 2025.
7. Approval of Minutes of the Board Meeting dated September 18, 2025.
8. Approval of Minutes of the Specially Called Board Meeting dated September 30, 2025.
9. Report of November 12, 2025, Executive Committee Meeting.
10. Report from the Rules, Regulation and Legislative Committee
  - Withdrawal of proposed regulation | Proposed - Part 2630 Chapter 1: Collaboration with Nurse Practitioners and Supervision of Certified Registered Nurse Anesthetists
  - Adoption of proposed regulation, Part 2610, Ch. 2 Continuing Medical Education (CME) Requirements
  - For Consideration and Adoption - Policy 3.17 Closing a Physician's Practice
11. Pursuant to MS Code § 25-41-7(4)(d), Investigative Subpoena for approval, Case number 2024-005. This is a matter for review and discussion to be held in executive session to discuss Investigative proceedings regarding allegations of misconduct or violations of law.
12. Ardarian Darice Gilliam Pierre, M.D.  
Mississippi Medical License 25936  
Approval of Consent Order
13. Hearing in the Case of Maxie Lerone Gordon, M.D.  
Mississippi Medical License 1792913.

14. Muhammad Basit, D.O.  
Mississippi Medical License 30129  
Request for a Continuance
15. Mary T. Jacobson, M.D.  
Mississippi Medical License 28111  
Approval of Consent Order
16. Public Comment
17. Pursuant to MS Code § 25-41-7(4)(a), A personnel matter for review and discussion to be held in executive session.
18. January 2026 Board Meeting Dates: Wednesday, January 14, and Thursday, January 15, 2026.

# MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE



**Executive Committee Meeting**  
**Wednesday, November 12, 2025, at 8:00 am**  
**Board Room**

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**Board Meeting**  
**Wednesday, November 12, 2025, at 10:30 am**  
**Board Room**

**Mississippi State Board of Medical Licensure  
Board Meeting November 12, 2025**

**Report from the Rules, Regulation and Legislative Committee**

Proposed - Part 2630 Chapter 1: Collaboration with Nurse Practitioners and Supervision of Certified Registered Nurse Anesthetists

**Adoption of proposed Rule:**

Proposed revision of this regulation had been posted for thirty (30) days with no comment received.

Part 2610, Ch. 2 Continuing Medical Education (CME) Requirements

**For Consideration and Adoption**

Policy 3.17 Closing a Physician's Practice

## Part 2630 Chapter 1: Collaboration with Nurse Practitioners and Supervision of Certified Registered Nurse Anesthetists

### Rule 1.1 | Scope

These rules apply to all individuals licensed to practice medicine or osteopathic medicine in the state of Mississippi.

*Source:* Miss. Code Ann. §73-43-11 (1972, as amended).

### Rule 1.2 | Definitions

For the purpose of Part 2630, Chapter 1 only, the following terms have the meanings indicated:

- A. **Physician** means any person licensed to practice medicine or osteopathic medicine in the state of Mississippi who holds an unrestricted license, whose practice or prescriptive authority is not limited as a result of voluntary surrender or legal/regulatory order, and who practices within the state of Mississippi for a minimum of twenty (20) hours per week or eighty (80) hours per month (does not include telemedicine or chart review). Exceptions/Waivers to the in-state practice requirement may be granted by the Board, by and through the Executive Committee, in cases demonstrating good cause. In circumstances demonstrating good cause and need for expedited consideration. Additionally a temporary permission/waiver may be granted by the Executive Director until the request ~~can~~ may be heard before the Executive Committee.
- B. **Primary Care Physician** means a physician whose practice is limited to, or defined as, Family Practice, General Internal Medicine, Mental Health, Women's Health, and/or General Pediatrics.
- C. **Extended Mileage Collaboration** means a collaborative relationship wherein patients are treated by a nurse practitioner who is located more than seventy-five (75) miles away from the collaborative physician. Excluded from this definition are all licensed hospitals, state health department facilities, federally qualified community health clinics, volunteer clinics, and collaboration with CRNAs.
- D. **Primary Office** means the usual practice location of a physician and being the same location reported by that physician to the Mississippi State Board of Medical Licensure and the United States Drug Enforcement Administration as his/her primary practice location.
- E. **Collaborating/Consulting Physician** means a physician who, pursuant to a duly executed protocol, has agreed to collaborate/consult with a nurse practitioner.
- F. **~~Nurse Practitioner or APRN~~** means any person licensed to practice nursing in the state of Mississippi and certified by the Mississippi Board of Nursing to practice in an expanded role as a nurse practitioner or Certified Registered Nurse Anesthetist (CRNAs).

- G. ***Federal Facility*** means any medical facility that conducts patient care on federal property and is operated directly by the federal government (e.g., the Veteran's Administration hospitals and clinic system).
- H. ***Protocol or Collaborative Agreement*** is a contractual document which sets forth the expectations, practice permissions and boundaries of the relationship between the physician and the APRN.
- I. ***Anesthesiologist*** is a physician who has completed an ACGME or AOA approved residency program to practice in the specialty of anesthesia and whose practice regularly involves anesthetizing patients for surgical and other procedures requiring anesthesia.
- J. ***Supervising Physician*** is the physician required for medical evaluation, diagnosis, and treatment, and who has oversight for all care provided on-site.
- K. ***Immediately Available*** means the physician is in physical proximity that allows the physician to re-establish direct contact with the patient to meet medical needs and any urgent or emergent clinical problems, as further defined and explained in the American Society of Anesthesiologists (ASA) *Statement on Definition of "Immediately Available" When Medically Directing*.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

*Rule 1.3 | Duty to Report Collaborative Relationships*

Physicians who wish to collaborate must add the APRN to his/her file via the Medical Enforcement and Licensure System (MELS) Online Licensure Gateway, or its successor, prior to the commencement of patient care under the agreed protocol and must submit all required information regarding the collaboration to the Board. Physicians who collaborate with an APRN who either will be on-site with the physician or within seventy-five (75) miles are not required to submit the formal documentation (i.e., the protocol) to the Board for approval.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

*Rule 1.4 | Extended Mileage Collaboration and Board Review*

Physicians who plan to collaborate with APRNs in locations beyond seventy-five (75) miles from the physician, known as Extended Mileage Collaboration, must submit the protocol for approval prior to the commencement of patient care under the protocol. Primary Care Extended Mileage is discussed in Rule 1.5. If a primary care provider does not meet the requirements of Rule 1.5, a protocol must be submitted.

The facts and matters to be considered by the Board regarding any collaborative relationship shall include, but are not limited to, how the collaborating physician and APRN plan to implement the

protocol, compatibility of practice (e.g., specialty compatibility or day-to-day practice differences), the method and manner of collaboration, the availability of backup coverage, consultation, and referral.

*Source:* Miss. Code Ann. §73-43-11 (1972, as amended).

#### *Rule 1.5 | Primary Care Extended Mileage*

Primary care physicians, as defined in Rule 1.2, shall have no mileage restrictions placed on the collaborative agreement between the physician and the nurse practitioner if the following conditions are met:

1. The collaborative agreement is between a primary care physician and a primary care nurse practitioner.
2. The physician is in a compatible practice (e.g., same specialty, treat the same patient population) with the nurse practitioner.
3. The physician utilizes electronic medical records (EMR) in their practice, has direct access to the EMR utilized by the APRN, and also utilizes EMR in the formal quality improvement program.
4. The physician practices within the State of Mississippi for a minimum of twenty (20) hours per week or eighty (80) hours per month (does not include telemedicine).

All other requirements stated herein regarding collaborative agreements/relationships with nurse practitioners shall apply.

*Source:* Miss. Code Ann. §73-43-11 (1972, as amended).

#### *Rule 1.6 | Backup and Emergency Coverage*

Physicians with collaborative relationships with an APRN must ensure backup physician coverage when the primary collaborative physician is unavailable, which includes being outside the approved distance for Extended Mileage. The backup physician must be a signatory to the protocol. In the event securing backup coverage is not possible, the primary collaborator and the APRN may agree, via terms written in the protocol, that no patients will be seen when the primary collaborator is unavailable.

In the event of death, unexpected disability (physical/mental), or unexpected relocation, which would result in the APRN not having a collaborative physician, the Nursing Board can notify the Mississippi State Board of Medical Licensure. In order that patients may continue to be treated without interruption of care, the APRN may, subject to the approval of the Nursing Board and Medical Board, be allowed to continue to practice for a 90-day grace period while the APRN attempts to secure a collaborative physician without such practice being considered the practice of medicine. The Executive Director of Mississippi State Board of Medical Licensure, or a designee, will serve as the APRN's collaborative physician, with the agreement of the Mississippi Board of

Nursing. If a collaborative physician has not been secured at the end of the 90-day grace period, an additional 90-day extension may be granted by mutual agreement of the Mississippi Board of Nursing and the Mississippi State Board of Medical Licensure.

*Source:* Miss. Code Ann. §73-43-11 (1972, as amended).

*Rule 1.7 | Billing for Collaborative Oversight*

Physicians who collaborate with APRNs, who choose to charge or bill the APRNs for the physician's time related to collaboration, should negotiate at rates considering fair market value.<sup>1</sup>

*Source:* Miss. Code Ann. §73-43-11 (1972, as amended).

*Rule 1.8 | Quality Improvement*

Each collaborative relationship shall include and implement a formal quality improvement (QI) program which shall be maintained on site and shall be available for inspection by representatives of the Mississippi State Board of Medical Licensure. The quality assurance/quality improvement program shall consist of:

- A. Review by a collaborative physician of a random sample of charts, as chosen by the collaborative physician or EMR algorithm, that represent 10% or 20 charts, whichever is less, of patients seen by the APRN every month. Charts should represent the variety of patient types seen by the APRN. Patients that the APRN and collaborating physician have consulted on during the month will count as one chart review.
- B. The physician shall ensure maintenance of a log of charts reviewed which include the identifier for the patients' charts, reviewers' names, dates of review, conditions treated, and any comments made by the physician regarding care provided. This log may be kept in paper or electronic format, but it must demonstrate that the collaborative physician has reviewed the charts and provided appropriate feedback for the APRN.
- C. A collaborative physician shall meet face to face, either in person or via video conferencing, with each collaborative APRN once per quarter for the purpose of quality assurance, and this meeting shall be documented in the same manner as chart review. The physician denoted as the primary collaborator within MELS, or, in the absence of a noted primary, the physician performing most of the chart review, is ultimately responsible for all QI requirements.

*Source:* Miss. Code Ann. §73-43-11 (1972, as amended).

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<sup>1</sup> For the purposes of this regulation, "Reasonable Rates" are as obtained from data maintained by the Medical Group Management Association (MGMA) or a similar resource.

*Rule 1.9 | CRNA Supervision and Anesthesia Care*

Medical, anesthetic, and surgical complications may arise unexpectedly and require immediate medical diagnosis and treatment. When an anesthesiologist is not directly part of the care team, the physician proceduralist (surgeon, obstetrician, gastroenterologist, or cardiologist, for example) may be the only physician on site. In such cases, the physician, as the most highly trained medical professional, shall direct patient care, including nurse anesthesia care.

Whenever a non-anesthesiologist physician will be the only on-site physician available, as in some small hospitals, freestanding surgery centers, and offices, the supervising physician shall consider and be versed in certain basic tenets of safe anesthesia practice when serving in this role. An appropriate risk-benefit analysis shall be conducted in conjunction with the CRNA and must include the most appropriate choice of anesthetic technique and agent for each patient based on their American Society of Anesthesiologists (ASA) Physical Status.

The supervising physician shall maintain Advanced Cardiac Life Support (ACLS) certification.

The supervising physician shall meet the following qualifications:

1. The supervising physician must be immediately available during the conduction of the entire intraoperative anesthetic and acute postoperative period.
2. A collaborating physician anesthesiologist shall be available for consult with the supervising physician and CRNA throughout all three phases of the anesthetic period for procedures which would:
  - a. reasonably, predictably, or routinely require more than simple assisted ventilation techniques in a spontaneously ventilating patient OR
  - b. require general anesthesia.
3. The collaborative physician anesthesiologist shall be continuously available by telephone when not on-site.

*Source:* Miss. Code Ann. §73-43-11 (1972, as amended).

*Rule 1.10 | Informed Consent for Physician-Led Anesthesia*

The anesthesiologist and/or supervising physician must inform the patient of the risks, benefits, alternatives, and expected outcomes regarding all three phases of the anesthesia care plan, including all aspects of preoperative, intraoperative, and postoperative care.

The consent shall:

1. Be signed by the patient or legal guardian of record
2. Be documented in the patient's medical record
3. Name all responsible physician(s) of record during all aspects of the anesthesia care
4. Identify any off-site physician anesthesiologist supervising remotely

*Source:* Miss. Code Ann. §73-43-11 (1972, as amended).

*Rule 1.911 | Violation of Rules*

Any violation of the rules as enumerated above shall constitute unprofessional conduct in violation of Miss. Code Ann., § 73-25-29(8).

*Source:* Miss. Code Ann., §73-43-11 (1972, as amended)

*Rule 1.4012 | Federal Facilities*

Physicians who work within a federal facility that operates under federal law or mandate, and which has established APRNs to be independent providers, are not required to collaborate as described within these rules. As such, physicians in these facilities are not required or otherwise expected to sign off on charts or other documentation for patients whom the physician has not been formally consulted on. Further, any physician signatures on records for patients seen by APRNs in those settings described herein will not be construed as collaborative or supervisory approval of any care provided by said APRNs.

*Source:* Miss. Code Ann. §73-43-11 (1972, as amended).

*Effective Date of Regulation.* The above rules pertaining to collaborating/consulting physicians shall become effective September 21, 1991.

**Amended May 19, 2005; Amended March 13, 2009; Amended November 19, 2009; Amended July 14, 2011; Amended May 4, 2016; Amended July 19, 2018; Amended August 27, 2021.**

*Source:* Miss. Code Ann. §73-43-11 (1972, as amended).

**Mississippi Secretary of State**  
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Mississippi State Board of Medical Licensure		CONTACT PERSON Jonathan Dalton	TELEPHONE NUMBER 601-987-3079	
ADDRESS 1867 Crane Ridge Drive, Suite 200-8		CITY Jackson	STATE MS	ZIP 39216
EMAIL mboard@msbml.ms.gov	SUBMIT DATE 9/30/25	Name or number of rule(s): 30 Miss. Admin. Code, Pt. 2610, Ch. 2 <i>Continuing Medical Education (CME) Requirements</i>		

Short explanation of rule/amendment/pepeal and reason(s) for proposing rule/amendment/pepeal: Proposed revision of the section of the rules related to continuing medical education (CME). The Board is amending the rules to update requirements regarding CME related to prescribing controlled substances, the maintenance and production of CME by way of a board-approved tracking software, and to update the general layout and example timeframes.

Specific legal authority authorizing the promulgation of the rule: Miss. Code Ann., §73-43-11

List all rules repealed, amended, or suspended by the proposed rule: Pt. 2610, Ch. 2

**ORAL PROCEEDING:**

An oral proceeding is scheduled for this rule on Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/pepeal may be submitted to the filing agency.

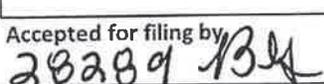
**ECONOMIC IMPACT STATEMENT:**

Economic impact statement not required for this rule.  Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input checked="" type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Jonathan Dalton, Director of Investigations

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP <div style="border: 1px solid black; padding: 10px;">  </div> Accepted for filing by 	OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

## Part 2610 Chapter 2: Continuing Medical Education (CME) Requirements

### *Rule 2.1 | Basic Requirement*

Every Mississippi physician licensee must earn or receive not less than forty (40) hours of Category 1 continuing medical education in a two-year cycle as a condition precedent to renewing his or her license for the next fiscal year. Additionally, all licensees who maintain a U.S. Drug Enforcement Administration Controlled Substances Registration must complete the training required by Section 303 of the Controlled Substances Act.<sup>1</sup> Excess hours may not be carried over to another two-year cycle. For the purpose of this regulation, the two-year period begins July 1, 2024, and every two years thereafter.<sup>2</sup>

- A. Category 1 continuing medical education shall mean those programs of continuing medical education designated as Category 1 which are sponsored or conducted by those organizations approved by the Mississippi State Medical Association, American Medical Association or by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor or conduct Category 1 continuing medical education programs.
- B. Programs of continuing medical education designated as Category 1-A, which are sponsored or conducted by organizations or entities accredited by the American Osteopathic Association to sponsor or conduct Category 1-A continuing medical education for osteopathic physicians.
- C. Programs of continuing medical education designated as a “prescribed hour” that are sponsored or conducted by organizations or entities accredited by the American Academy of Family Physicians to sponsor or conduct “prescribed hours” of continuing medical education.
- D. Programs of continuing medical education designated as “cognates” which are sponsored or conducted by organizations or entities that are accredited by the American College of Obstetrics and Gynecology to sponsor or conduct approved cognates on obstetrical and gynecological-related subjects.
- E. Programs of continuing medical education designated as Category 1-A which are sponsored or conducted by organizations or entities accredited by the Council on Podiatric Medical Education to sponsor or conduct Category 1-A continuing medical education for podiatrists.

*Source: Miss. Code Ann. §§ 73-25-14 and 73-43-11 (1972, as amended).*

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<sup>1</sup> 21 U.S.C. 823, Sec. 303

<sup>2</sup> e.g., July 1, 2026, through June 30, 2028; July 1, 2028, through June 30, 2030, etc.

#### *Rule 2.2 | Persons Affected*

Every Mississippi physician licensee is required to comply with the minimum requirement for continuing medical education established by these rules. Further, all licensees of the Mississippi State Board of Medical Licensure (Board) must comply with the specific CME requirements set forth in the Administrative Code applicable to their license type and area of practice.

*Source: Miss. Code Ann. §§ 73-25-14, 73-71-43, 73-27-12, 73-26-3, 41-58-5, and 73-43-11 (1972, as amended).*

#### *Rule 2.3 | Exemption for Initial Licenses*

Licensees receiving their initial license to practice medicine in Mississippi after June 30, or receiving their initial board certification by a specialty board after June 30, are exempt from the minimum continuing medical education requirement for the period following their receiving a license or board certification.<sup>3</sup> The continuing education certification will be due within the next cycle.

*Source: Miss. Code Ann. §§ 73-25-14, 73-71-43, 73-27-12, 73-26-3, 41-58-5, and 73-43-11 (1972, as amended).*

#### *Rule 2.4 | Record Keeping Requirement*

Every licensee shall maintain records of attendance or certificates of completion demonstrating compliance with the minimum continuing medical education requirements. Documentation adequate to demonstrate compliance with the minimum continuing medical education requirements of this and other regulations shall consist of certificates of attendance, completion certificates, proof of registration, or similar documentation issued by the organization or entity sponsoring or conducting the continuing medical education program.

Licensees are required to create an account with a Board-approved CME management and tracking system. A list of all board-approved systems is available on the board's webpage. However, physicians who maintain board certification with a board recognized by the American Board of Medical Specialties (ABMS) are exempt from this requirement. All required documentation shall be uploaded immediately upon receipt to the CME management and tracking system selected by the licensee.

All information submitted and required shall be subject to examination by representatives of the Board upon request. Compliance review will be conducted by the Board via random computer-generated selection, or otherwise at the discretion of the Board. If a licensee is on a hospital medical staff, it is recommended these certificates and hours also be recorded with the primary hospital medical staff records.

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<sup>3</sup> For instance, a physician, or other licensee within the context of their individual CME timeframe, receiving an initial license on August 3, 2025, will not have to complete the required CME until the conclusion of the July 1, 2026, through June 30, 2028, CME cycle. All CMEs must be acquired within the current cycle.

With his or her annual renewal application, every licensee must certify the completion of the minimum continuing medical education requirement established under these rules. Failure to maintain records documenting that a licensee has met the minimum continuing medical education requirement, and/or failure to provide such records upon request to the Board or the CME tracking system, is hereby declared to be unprofessional conduct and may constitute grounds, within the discretion of the Board, for the suspension of the Licensee's ability to practice medicine.

*Source: Miss. Code Ann. §§ 73-25-14, 73-71-43, 73-27-12, 73-26-3, 41-58-5, and 73-43-11 (1972, as amended).*

#### *Rule 2.5 | Annual Renewal*

As a condition for the annual renewal of license, licensees will be required to certify on his or her annual renewal form that he or she has earned the required. The Board will randomly select licensees to ensure complete compliance with this requirement. If deficiencies are identified, the licensee must complete deficiencies within six (6) months of the date of notification. Failure to comply may result in the suspension of the licensee's license.

Any physician practicing during the time of a suspended license shall be considered an illegal practitioner and shall be subject to penalties provided for violation of the Medical Practice Act, and for costs incurred in the enforcement of this regulation.

*Source: Miss. Code Ann. §§ 73-25-14, 73-71-43, 73-27-12, 73-26-3, 41-58-5, and 73-43-11 (1972, as amended).*

#### *Rule 2.6 | Waiver*

A licensee who is unable to meet the minimum continuing medical education requirement for legitimate cause may apply to the Board for a waiver of the requirement prior to April 1 of the last year of the two-year cycle. Such waiver may be granted or denied within the sole discretion of the Board.

*Source: Miss. Code Ann. §§ 73-25-14, 73-71-43, 73-27-12, 73-26-3, 41-58-5, and 73-43-11 (1972, as amended).*

**Amended May 17, 2007; Amended January 24, 2008; Amended November 15, 2012; and Amended May 16, 2013.**

## Part 2610 Chapter 2: Continuing Medical Education (CME) Requirements

### Rule 2.1 | *Basic Requirement*

Every Mississippi physician licensee must earn or receive not less than forty (40) hours of Category 1 continuing medical education in a two-year cycle as a condition precedent to renewing his or her license for the next fiscal year. ~~For every Mississippi licensee with an active DEA certificate, five hours must be related to the prescribing of medications with an emphasis on controlled substances.~~ Additionally, all licensees who maintain a U.S. Drug Enforcement Administration Controlled Substances Registration must complete the training required by Section 303 of the Controlled Substances Act.<sup>4</sup> Excess hours may not be carried over to another two-year cycle. For the purpose of this regulation, the two-year period begins July 1, ~~2000~~2024, and every two years thereafter.<sup>5</sup>

- A. Category 1 continuing medical education shall mean those programs of continuing medical education designated as Category 1 which are sponsored or conducted by those organizations approved by the Mississippi State Medical Association, American Medical Association or by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor or conduct Category 1 continuing medical education programs.
- B. Programs of continuing medical education designated as Category 1-A, which are sponsored or conducted by organizations or entities accredited by the American Osteopathic Association to sponsor or conduct Category 1-A continuing medical education for osteopathic physicians.
- C. Programs of continuing medical education designated as a “prescribed hour” that are sponsored or conducted by organizations or entities accredited by the American Academy of Family Physicians to sponsor or conduct “prescribed hours” of continuing medical education.
- D. Programs of continuing medical education designated as “cognates” which are sponsored or conducted by organizations or entities that are accredited by the American College of Obstetrics and Gynecology to sponsor or conduct approved cognates on obstetrical and gynecological-related subjects.
- E. Programs of continuing medical education designated as Category 1-A which are sponsored or conducted by organizations or entities accredited by the Council on Podiatric Medical Education to sponsor or conduct Category 1-A continuing medical education for podiatrists.

*Source: Miss. Code Ann. §§ 73-25-14 and 73-43-11 (1972, as amended).*

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<sup>4</sup> 21 U.S.C. 823, Sec. 303

<sup>5</sup> e.g., July 1, 2026, through June 30, 2028; July 1, 2028, through June 30, 2030, etc.

### Rule 2.2 | Persons Affected

Every Mississippi physician licensee is required to comply with the minimum requirement for continuing medical education established by these rules. Further, all licensees of the Mississippi State Board of Medical Licensure (Board) must comply with the specific CME requirements set forth in the Administrative Code applicable to their license type and area of practice.

*Source: Miss. Code Ann. §§ 73-25-14, 73-71-43, 73-27-12, 73-26-3, 41-58-5, and 73-43-11 (1972, as amended).*

### Rule 2.3 | Exemption for Initial Licenses

~~Physicians~~Licensees receiving their initial license to practice medicine in Mississippi after June 30, or receiving their initial board certification by a specialty board ~~recognized by the American Board of Medical Specialties or the American Osteopathic Association~~ after June 30, are exempt from the minimum continuing medical education requirement for the ~~two-year~~ period following their receiving a license or board certification.<sup>6</sup> The ~~forty (40) hour~~ continuing education certification will be due within the next ~~two-year~~ cycle.

- A. ~~July 1, 2000~~2024, through June 30, ~~2002~~2026 (1<sup>st</sup> cycle)
- B. ~~July 1, 2002~~2026, through June 30, ~~2004~~2028 (2<sup>nd</sup> cycle)
- C. ~~July 1, 2004~~2028, through June 30, ~~2006~~2030 (3<sup>rd</sup> cycle)
- D. ~~July 1, 2006~~2030, through June 30, ~~2008~~2032 (4<sup>th</sup> cycle)

*For instance, a physician receiving an initial license August 3, 20012025, will not have to complete forty (40) hours of CME until July 1, ~~2002~~2026, through June 30, ~~2004~~2028. All CME's must be acquired within the two-year cycle.*

*Source: Miss. Code Ann. §§ 73-25-14, 73-71-43, 73-27-12, 73-26-3, 41-58-5, and 73-43-11 (1972, as amended).*

### ~~Rule 2.4~~ | Effective Date

~~The first time for reporting continuing medical education activity will be the renewal period for the fiscal year beginning July 1, 2002~~2026, when reporting on continuing medical education work earned during the two-year period of July 1, ~~2000~~2024, to June 30, ~~2002~~2026.

*Source: Miss. Code Ann. §§ 73-25-14 and 73-43-11 (1972, as amended).*

### Rule 2.54 | Record Keeping Requirement

Every licensee shall maintain records of attendance or certificates of completion demonstrating compliance with the minimum continuing medical education requirements. Documentation

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<sup>6</sup> For instance, a physician, or other licensee within the context of their individual CME timeframe, receiving an initial license on August 3, 2025, will not have to complete the required CME until the conclusion of the July 1, 2026, through June 30, 2028, CME cycle. All CMEs must be acquired within the current cycle.

adequate to demonstrate compliance with the minimum continuing medical education requirements of this and other regulations shall consist of certificates of attendance, completion certificates, proof of registration, or similar documentation issued by the organization or entity sponsoring or conducting the continuing medical education program. ~~These records must be maintained by the physician for a period of three (3) years following the year in which the continuing medical education credits were earned and are~~

Licensees are required to create an account with a Board-approved CME management and tracking system. A list of all board-approved systems is available on the board's webpage. However, physicians who maintain board certification with a board recognized by the American Board of Medical Specialties (ABMS) are exempt from this requirement. All required documentation shall be uploaded immediately upon receipt to the CME management and tracking system selected by the licensee.

All information submitted and required shall be subject to examination by representatives of the State Board of Medical Licensure upon request. Compliance review will be conducted by the Board via random computer-generated selection, or otherwise at the discretion of the Board. If a physician licensee is on a hospital medical staff, it is recommended these certificates and hours also be recorded with the primary hospital medical staff records.

With his or her annual renewal application, every licensee must certify the completion of the minimum continuing medical education requirement established under these rules. Failure to maintain records documenting that a physician licensee has met the minimum continuing medical education requirement, and/or failure to provide such records upon request to the Mississippi State Board of Medical Licensure or the CME tracking system, is hereby declared to be unprofessional conduct and may constitute grounds, within the discretion of the Mississippi State Board of Medical Licensure, for the suspension of the physician's the Licensee's licenseability to practice medicine.

*Source: Miss. Code Ann. §§ 73-25-14, 73-71-43, 73-27-12, 73-26-3, 41-58-5, and 73-43-11 (1972, as amended).*

#### *Rule 2.65 | Annual Renewal*

As a condition for the annual renewal of license, beginning with the fiscal year July 1, 20022024, through June 30, 20032026, every physician will be required to biennially licensees will be required to certify on his or her annual renewal form that he or she has earned the required 40 ~~hours of approved Category 1 continuing medical education requirement~~. The Board will randomly select physicians licensees to ensure complete compliance with this requirement. If deficiencies are identified, the licensee must complete deficiencies within six (6) months of the date of notification. Failure to comply may result in the suspension of the licensee's license.

Any physician practicing during the time of a suspended license shall be considered an illegal practitioner and shall be subject to penalties provided for violation of the Medical Practice Act, and for costs incurred in the enforcement of this regulation.

*Source: Miss. Code Ann. §§ 73-25-14, 73-71-43, 73-27-12, 73-26-3, 41-58-5, and 73-43-11 (1972, as amended).*

*Rule 2.76 | Waiver*

A physicianlicensee who is unable to meet the minimum continuing medical education requirement for legitimate cause may apply to the Mississippi State Board of Medical Licensure for a waiver of the requirement prior to April 1 of the last year of the two-year cycle. Such waiver may be granted or denied within the sole discretion of the Mississippi State Board of Medical Licensure.

*Source: Miss. Code Ann. §§ 73-25-14, 73-71-43, 73-27-12, 73-26-3, 41-58-5, and 73-43-11 (1972, as amended).*

*Rule 2.8 | Compliance Review*

~~It shall be the responsibility of the Mississippi State Board of Medical Licensure to enforce the provisions of this regulation by review of the records maintained by physicians subject to this rule which demonstrate compliance with the program for continuing medical education. This compliance review may be conducted by the Board by random or designated sample, by mail or in person, or otherwise at the discretion of the Board. Non-compliance may result in the suspension of the physician's license to practice medicine under the Medical Practice Act.~~

~~*Source: Miss. Code Ann. §§ 73-25-14, 73-71-43, 73-27-12, 73-26-3, 41-58-5, and 73-43-11 (1972, as amended).*~~

*Rule 2.9 | Effective Date of Regulation*

~~The above rules pertaining to continuing medical education shall become effective February 16, 2000.~~

**Amended May 17, 2007; Amended January 24, 2008; Amended November 15, 2012; and Amended May 16, 2013.**

*Source: Miss. Code Ann. §§ 73-25-14, 73-71-43, 73-27-12, 73-26-3, 41-58-5, and 73-43-11 (1972, as amended).*

### 3.17 Closing a Physician's Practice

When a physician ceases to practice, whether by relocation, retirement, disability, or death, certain obligations are due the patients of the physician. If relocation to another site in the same patient area, the problems are mainly logistical and making sure the patients know about the move. If leaving a partnership or group practice, the physicians remaining should not unduly hinder patient inquiries as to the location of the departing physician. Patients of the departing physician should be informed of the physician's new address and offered the opportunity to have their medical records sent to the departing physician at the new practice location. It is unethical to withhold such information upon a patient's request. If the closing is planned, as in the case of retirement, relatively few problems should be expected. However, if the closing is unexpected as in the case of disability or death, the situation is traumatic and full of problems that require quick solutions and answers.

#### Medical Records

One major problem that always arises when it becomes necessary to move or close a physician's office is what to do with patient records. Since these are important and confidential documents, they must be ~~carefully preserved in some manner~~ maintained in accordance with 30 Miss. Admin. Code Pt. 2635, Ch. 10. If a physician is leaving the area and is in a partnership or group practice, it is customary to leave the records in the possession of the partners or group. If the physician is staying in the area, it is common practice to divide the records in some equitable manner. Most legal authorities are of the opinion that the medical records are the property of the partnership or group and not the individual physician. It is, however, the right of the patient to determine where the records or a copy of the records should go. Therefore, whether by relocation, retirement, disability or death, the patient should be advised of the right to have the medical records sent to the physician of their choice. Notification can be accomplished by a sign in the reception area, a note in the monthly billing statement, or an advertisement in a local newspaper. It is not advisable to turn the original records over to the patient. Charges to the patient are acceptable and few patients will object to a minimum charge for this service. It is considered less than professional to charge another treating physician for a copy of the patient's medical records. In any event, the records should not be unduly delayed.

#### Patient Notification

1. For patients under current care; i.e., taking a prescribed medication that requires refill or having a prescheduled treatment or examination, special attention must be to notifying as quickly as possible that the physician is no longer available and that immediate arrangements for care need to be made. For those scheduled in the next 14 days, a phone call works best. Others may be notified by direct mail.
2. A letter in the monthly billing statement may be used. A notice of 30 days is considered reasonable time.
3. Referral to an appropriate physician for care may be in order.
4. A notice in a newspaper of general circulation for 3 or 4 weeks will notify past and present patients and the general public of the closing of the practice and the availability of medical records.

**Adopted July 10, 2008.**

**BOARD MEETING AGENDA  
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**

Pursuant to MS Code § 25-41-7, Investigative Subpoena for approval,  
Case number 2024-005.

This is a matter for review and discussion to be held in executive session to discuss  
Investigative proceedings regarding allegations of misconduct or violations of law.

Additional information to be provided by the Executive Director and / or Board Attorney.

**BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE  
IN THE MATTER OF THE PHYSICIAN'S LICENSE OF  
ARDARIAN DARICE GILLIAM PIERRE, M.D.  
LICENSE NO. 25936**

**CONSENT ORDER**

**WHEREAS, ARDARIAN DARICE GILLIAM PIERRE, M.D.**, hereinafter referred to as "Licensee," is the current holder of Mississippi Medical License No. 25936, said license number expires on June 30, 2026;

**WHEREAS**, Licensee reports her area of practice to be Family Medicine, which is conducted at Lakeland Family Medical Clinic, 746 Lakeland Drive, Jackson, Mississippi 39206;

**WHEREAS**, the Investigative Staff of the Mississippi State Board of Medical Licensure, hereinafter referred to as the "Board," has conducted an investigation of Licensee and has in its possession evidence which, if produced during the course of an evidentiary hearing, would substantiate that Licensee has violated certain provisions of the Mississippi Medical Practice Act, specifically Miss. Code Ann. §§ 73-25-29(8)(d), 73-25-83(a), and 73-25-83(c). Licensee's actions would constitute a voluntary surrender or restriction of hospital staff privileges while an investigation or disciplinary proceeding is being conducted by a licensed hospital or medical staff or medical staff committee of said hospital and unprofessional conduct for which the Board may revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, or take any other action as the Board may deem proper under the circumstances;

**WHEREAS**, while Licensee was employed with the Mississippi State Hospital (MSH), the hospital conducted an investigation related to Licensee leaving the MSH

campus without a credentialed member of the medical staff present when an emergency situation with a patient occurred on October 24, 2024;

**WHEREAS**, during its investigation, MSH determined Licensee violated her employment contract which required her to "be on campus and available during assigned period of coverage." Further, it was determined that Licensee falsified time sheets which amounted to Licensee being overpaid \$3,900.00 for time she claimed she worked in the months of September 2024 and October 2024, although she was not present on campus during her assigned hours. MSH sent Licensee a demand letter requesting repayment. Licensee repaid \$3,900.00 on December 19, 2024;

**WHEREAS**, while this investigation was ongoing, Licensee voluntarily surrendered her clinical privileges at MSH;

**WHEREAS**, Licensee's actions constitute a voluntary surrender or restriction of hospital staff privileges while an investigation or disciplinary proceeding is being conducted by a licensed hospital or medical staff or medical staff committee of said hospital and unprofessional conduct pursuant to Miss. Code Ann. §§ 73-25-29(8)(d), 73-25-83(a), and 73-25-83(c); and

**WHEREAS**, it is the desire of Licensee to avoid an evidentiary hearing before the Board and, in lieu thereof, has agreed to enter into this Consent Order, thereby admitting the facts and allegations set forth herein, subject to the terms, conditions, and restrictions as specified below.

**NOW, THEREFORE**, the Mississippi State Board of Medical Licensure, with consent of Licensee as signified by her joinder herein, does hereby place the following terms and conditions on Licensee's certificate (No. 25936) to practice medicine in the State of Mississippi, to wit:

1. Licensee is suspended from practicing medicine in the State of Mississippi for ninety (90) days, or until February 10, 2026.
2. Licensee shall successfully complete the PROBE course offered by CPEP and provide confirmation of completion to the Board.
3. Licensee shall obey all federal, state and local laws, and all rules and regulations governing the practice of medicine. Any further acts of misconduct may result in further action.
4. Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann. § 73-25-30. Licensee shall be advised of the total assessment by separate written notification and shall tender to the Board a certified check or money order made payable to the Mississippi State Board of Medical Licensure, on or before forty (40) days from the date the assessment is mailed to Licensee via U.S. Mail to Licensee's current mailing address.

This Consent Order shall be subject to approval by the Board. If the Board fails to approve this Consent Order, in whole or in part, it shall have no force or effect on the parties. It is further understood and agreed that the purpose of this Consent Order is to avoid a hearing before the Board. In this regard, Licensee authorizes the Board to review and examine any documentary evidence or material concerning the Licensee prior to or in conjunction with its consideration of this Consent Order. Licensee further acknowledges that she may be required to personally appear before the Board on the scheduled hearing date to answer any questions which the Board may have. Should this Consent Order not be accepted by the Board, it is agreed that presentation to, and consideration by the Board of, this Consent Order and other documents and matters pertaining thereto, including Licensee's answers to questions, shall not unfairly or

illegally prejudice the Board or any of its members from participation in any further proceedings.

Licensee understands and expressly acknowledges that, should Licensee challenge or dispute any provision or statement in this agreement during the Board approval process, this Consent Order will automatically be rendered null and void, formal charges will be brought, and this matter shall be set for a full evidentiary hearing at the convenience of the Board.

Should the Board hereafter receive documented evidence of Licensee violating any of the terms and conditions of this Consent Order, or of any further actions(s) taken related to the facts and terms stated herein, the Board shall have the right, pursuant to a full evidentiary hearing, to revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, or take any other action determined as necessary by the Board.

Licensee understands and expressly acknowledges that this Consent Order, if approved and executed by the Mississippi State Board of Medical Licensure, shall constitute a public record of the State of Mississippi. Licensee further acknowledges that the Board shall provide a copy of this Order to, among others, the National Practitioners Data Bank (NPDB), the Mississippi Department of Health (MSDH), the Federation of State Medical Boards, the Office of the Inspector General, United States Department of Health and Human Services (OIG-HHS), the U.S. Drug Enforcement Administration, the Mississippi Division of Medicaid, the Mississippi Board of Pharmacy, and the Mississippi State Medical Association (MSMA). The Board makes no representation as to what action, if any, any other agency or jurisdiction may take in response to this Order.

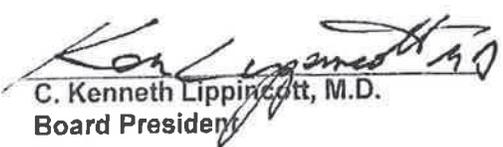
Recognizing her right to notice of charges specified against her, to have such

charges adjudicated pursuant to Miss. Code Ann. § 73-25-27, to be represented therein by legal counsel of her choice, and to a final decision rendered upon written findings of fact and conclusions of law, **ARDARIAN DARICE GILLIAM PIERRE, M.D.**, nevertheless, hereby waives her right to notice and a formal adjudication of charges and authorizes the Board to enter an order accepting this Consent Order.

EXECUTED, this the 11 day of November, 2025.

  
**ARDARIAN DARICE GILLIAM PIERRE, M.D.**

**ACCEPTED AND APPROVED**, this the 12th day of November 2025, by the Mississippi State Board of Medical Licensure.

  
**C. Kenneth Lippincott, M.D.**  
Board President

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**BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**

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IN THE MATTER OF THE PHYSICIAN'S LICENSE OF:

MAXIE LERONE GORDON, M.D.

LICENSE NO. 17929

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**DETERMINATION AND ORDER**

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The above titled matter came before the Mississippi State Board of Medical Licensure ("Board") in Jackson, Hinds County Mississippi, on November 12, 2025. On or about September 2024, the Board received a complaint alleging professional misconduct by Licensee in that Licensee was alleged to have defrauded the state by getting paid for hours he did not work or was absent from the facility. In November 2024, the Board received an additional complaint, not related to the previous complaint, alleging Licensee failed to properly collaborate with Licensee's Advanced Practice Registered Nurses ("APRNs").

Board members present for the November 12, 2025, proceedings were: Roderick Givens, M.D., acting President,<sup>1</sup> Kirk Kinard, D.O.; William Eugene Loper, M.D.; Randy Roth, M.D.; and Carlos Latorre, M.D. Board member Allen Gersh, M.D. appeared and participated fully in the proceedings via Zoom. Accordingly, a quorum of Board members was present throughout the hearing and deliberation.

Board Counsel Paul Barnes, Esq., presented the charges as set forth in the Affidavit as filed herein. Also present was Complaint Co-Counsel Meagan Guyse, Esq. Licensee, having been served with the Summons and Affidavit and being fully informed of his rights to a formal hearing before the Board, appeared before the Board and was represented by Michael R. Brown, Esq.

Pamela S. Ratliff, Special Assistant Attorney General, served as Administrative Hearing Officer, presided over the hearing, and was directed to prepare the Board's written decision in accordance with their deliberations.

The parties stipulated to exhibits and the following exhibits were introduced without objection by either party: Board Composite Exhibit 1 [MSBML 000001-000671] and Respondent Exhibits 1 through 12.

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<sup>1</sup> Dr. Ken Lippincott, President, recused himself from the hearing and was not present during the Board's Executive Session and did not participate in the Board's deliberations or decision.

And now, upon consideration of all the materials produced in the record before the Board along with the testimony presented at the hearing, the Board makes the following Findings of Fact, Conclusions of Law, and Order based on clear and convincing evidence:

### **FINDINGS OF FACT AND CONCLUSIONS OF LAW**

1. The Board is established pursuant to the Mississippi State Board of Medical Licensure Act, Title 73, Chapter 43 of the Mississippi Code of 1972 as amended, and is charged with the duty of licensing and regulating the practice of medicine in the State of Mississippi under title 73, Chapter 25 of the Mississippi Code of 1972 as amended.
2. Sections 73-25-29, 73-25-83 and 73-25-87 of the Mississippi Code Ann. (1972) as amended provide that the Board may revoke or suspend a license or take any other actions as deemed necessary if a licensee has violated any provisions therein.
3. All parties were properly noticed for the matter now pending before the Board.
4. Licensee is a physician licensed to practice medicine in the state of Mississippi, currently holding License Number 17929. Said license is valid until June 30, 2026.
5. Licensee testified his area of practice is Psychiatry and his primary medical practice is located at 590 Springridge Road, Clinton, Mississippi 39056.
6. In September 2024, the Board received information alleging Licensee defrauded the state by being paid for times Licensee was not present and working at the Mississippi State Hospital ("MSH"). The complaint alleged on multiple occasions Licensee failed to clock out of work prior to leaving the MSH facility, which resulted in Licensee getting paid for hours for which he was not present or working.
7. Following receipt of the complaint, the Board issued a subpoena to MSH requesting all information related to the complaint that Licensee was committing fraud at MSH, including MSH's investigation of the alleged fraud and MSH's findings. According to documents received from MSH, following their investigation MSH determined that Licensee's actions were "deliberate in an effort to falsify his time and therefore collect pay for time that was not worked." [MSBML 000102]. On or about July 26, 2019, MSH issued Licensee a Separation Notice advising him that his employment with the State Hospital was separated as of that date. [R-1; MSBML 000033]. Following an investigation, Mississippi Office of the State Auditor filed a civil action claim against Licensee in the Circuit Court of Rankin County, Mississippi (Civil

Action No.: 24-250) seeking recovery from Licensee the sum of \$34,269.44, which included alleged falsely obtained compensation, interest and investigative costs. [MSBML 000253-000259]. Depositions of individuals affiliated with MSH<sup>2</sup> were obtained in the civil claim. In his deposition under oath, James Gavin Chastin testified that it was ultimately his decision to terminate Licensee's employment with MSH for violating hospital policy related to time and attendance issues. [MSBML 000561]. Without any admission of wrongdoing or guilt, and while expressly denying any and all liability or wrongdoing, Licensee agreed to resolve the pending civil matter and pay the sum of \$19,000.00 as a compromise and settlement of a disputed claim. [R-4; MSBML 000651-000655].

8. On or about December 6, 2024, Board Investigator, Bryson Pickens, visited Licensee's primary practice location and requested collaborative documentation regarding all APRNs currently collaborating with Licensee. The requested documents were subsequently produced to the Board. A review of the documents revealed Licensee had been collaborating with approximately thirty-four (34) APRNs, however, Licensee failed to report any of those collaborations to the Board, as required by the Board's Administrative Code, Title 30, Part 2630, Chapter 1, Rule 1.3, "Duty to Report Collaborative Relationships." The Board subsequently received information that Licensee reported collaborating with approximately 60 APRNs to the Mississippi Board of Nursing while failing to report said collaborative relationships to the Board. [MSBML 000260-538; R-7 ].
9. According to the deposition testimony of Williams Perkins Stone, DMD, in the civil claim, Dr. Stone is the medical director at MSH, it was not part of Licensee's job duties at MSH to visit group homes to facilitate patient transfers or buy party supplies for residents. Dr. Stone was questioned regarding Licensee's claim that he was performing the duties of his job when he left the MSH campus without first clocking out in order to buy supplies for resident parties or picnics or to visit care home to facilitate future resident transfers. Dr. Stone testified that visiting group homes would be the duty of social services, not physicians. Dr. Stone further testified buying supplies for patient parties or picnics is not considered a part of Licensee's work at MSH. According to Dr. Stone, "He's not a social worker. We don't hire physicians and pay physicians to go buy coloring books." Nor is leaving work to purchase supplies for a 4<sup>th</sup> of July party considered to be part of Licensee's job duties.

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<sup>2</sup> MSMBL 000541 - 000572 - September 4, 2025, deposition transcript of James Garvin Chastain; MSBML 000573 - 000609 - September 4, 2025, deposition transcript of William Perkins Stone, DMD; and MSMBL 000610 - 000649 - September 5, 2025, deposition transcript of Jon Corey Jackson, M.D.

[MSMBL 000591-000592]. Dr. Stone testified he discussed with Licensee the requirement that he clock in and out of work.

### **TESTIMONY OF LICENSEE**

10. Licensee testified regarding his employment with MSH and allegations concerning his timekeeping. Licensee testified he learned of issues with his timekeeping after speaking with someone from the State Auditor's office. Licensee agreed that his clocking in and out along with the movement of his vehicle were reviewed by the State Auditor's office and MSH. Licensee testified he clocked in and out "most days" and agreed that he was required to clock-in and out of work at MSH. Licensee denied leaving work without clocking out and claimed that on the occasions he did leave the campus without clocking out he either had permission to do so or was performing work on behalf of MSH. Licensee admitted there may have also been times when he left campus to pick up lunch or pick up lunch for other people that he failed to clock out before leaving.
11. Licensee disagreed with the State Auditor's investigation for the date range of May 22, 2019 through July 24, 2019, showing Licensee had 168.40 hours on clock, had 70.93 hours at work, and had 97.47 hours away from work. [MSBML 000100]. According to Licensee, "Not sure how I could possibly be off campus that much. Most of the time I was there – I was there all day. I would punch out after ten hours and stay at work." Licensee testified that sometimes he went to work early in the morning but failed to punch in. He claims later in the day he would realize that he had not clocked in so he would "punch in" at that time.
12. Licensee testified that he was a salaried employee at MSH, which meant even if he worked more than 30 hours a week he would only be paid for 30 hours. Licensee admitted that he was supposed to clock in and out of work. He denied that he was ever told that he had to clock out of work whenever he left campus. Licensee denied any intent to steal time.
13. Licensee admitted that he left campus without clocking out on occasions when he went to buy supplies for resident activities such as going off campus to purchase supplies for an Easter Egg Hunt and for a 4<sup>th</sup> of July picnic. Licensee also admitted that he did not clock out when he left MSH campus and visited group homes in what he alleged was an effort to facilitate future patient transfers. Licensee admitted that he did not receive express permission from his supervisor or director to leave campus without clocking out in order to buy party supplies for residents or to visit group homes. Licensee also did not clock

out when he left campus while completing his move to the MSH as he claimed he had received permission to do so.

14. Licensee testified he allowed others to borrow and drive his personal vehicle while he remained at work. Licensee denied that he was the driver of his vehicle on those occasions when his vehicle was captured on MSH surveillance leaving the campus while Licensee remained clocked in. Licensee further claimed that the photographs of his vehicle leaving MSH campus failed to show who was actually driving his vehicle. [R-12].
15. Licensee admitted that his employment at MSH was terminated for what the hospital determined to be a “time infraction”.
16. Licensee testified that his practice manager at Gordon Medical Arts was responsible for setting up the practice and for handling registrations with the various boards. Licensee testified he was not aware that his collaborative relationships with APRNs were not reported to the Medical Board as required. Licensee testified that he first learned that failure when one of his collaborative APRNs advised him that she was not listed with the Medical Board. Licensee subsequently followed up with the Board of Nursing to obtain a list of his nurse practitioner collaborative agreements maintained by the Board of Nursing. Licensee testified that he thought the reporting of collaborative agreements to the Board had been resolved by December 2024, however, he subsequently learned that it was not resolved until July 2025. Licensee admitted that it was his responsibility to inform the Medical Board of his collaborative APRN agreements. Licensee acknowledged that was not done and candidly admitted, “I accept that fully.” Licensee further acknowledged there is no such thing as being a “side collaborative physician” for an APRN as the collaborative physician is either the primary or back up physician for the APRN. Therefore, if Licensee had a collaborative relationship with an APRN, it was the responsibility of the collaborative physician to notify the Board. Licensee acknowledged that collaborative relationships with APRNs must be reported to the Medical Board as well as to the Board of Nursing.

#### **TESTIMONY OF COLENDULA GREEN**

17. Ms. Green testified as a witness for Licensee. Ms. Green testified that she has known Licensee since 2008, that she worked with Licensee at Gordon Medical Arts Clinic in compliance, and assisted him with moving his things from East Mississippi State Hospital to MSH. Ms. Green also testified that Licensee’s nephew, Leonard, and others would sometimes drive Licensee to MSH and pick him up in Licensee’s vehicle.

## TESTIMONY OF DEMETRICE DOTSON

18. Ms. Dotson testified as witness for Licensee. Ms. Dotson testified that she has known Licensee for many years. She initially met Licensee while working at Claiborne County Medical Center. Ms. Dotson testified that she has "another business" providing contractual services in group homes. Ms. Dotson was not able to testify whether she met with Licensee while he was working or on-the-clock at MSH. Ms. Dotson testified that she would drive Licensee to group homes and community health centers on the days, one to two days a week, she believed Licensee was off work. According to Ms. Dotson, Licensee would either help the group homes or would recommend a nurse practitioner for the group home.
19. Ms. Dotson testified that she recalled talking with Dr. Corey Jackson one time while she was in the car with Licensee and Licensee's nephew, Leonard, was driving. Ms. Dotson testified that she did not know whether Licensee was clocked in at MSH during that time. According to Ms. Dotson, "to my knowledge, I went with him when he was off work."

## DETERMINATIONS

20. Based on the clear and convincing evidence and testimony presented, Licensee is found guilty of Count I of the Affidavit, having disciplinary action taken by his peers within any professional medical association or society, whether any such association or society is local, regional, state or national in scope, or being disciplined by a licensed hospital or medical staff of said hospital, or the voluntary surrender or restriction of hospital staff privileges while an investigation or disciplinary proceeding is being conducted by a licensed hospital or medical staff or medical staff committee of said hospital, in violation of Miss. Code Ann., Section 73-25-83(c).
21. Based on the clear and convincing evidence and testimony presented, Licensee is found guilty of Count II of the Affidavit, i.e., failing to report his collaborative relationships to the Board, in violation of the Board's Administrative Code, Title 30, Part 2630, Chapter 1, Rule 1.3, all in violation of Miss. Code Ann., Section 73-25-29(13).
22. Based on the clear and convincing evidence and testimony presented, Licensee is found guilty of Count III of the Affidavit, i.e., guilty of unprofessional conduct, which includes, but is not limited to, being guilty of any dishonorable or unethical conduct likely to deceive defraud or harm the public, in violation of Miss. Code Ann., Sections 73-25-29(8)(d) and 73-25-83(a).

Based upon the above Findings of Fact and Conclusions of Law, and clear and convincing evidence, the Board finds the following Order to be appropriate under the circumstances.

**ORDER**

**IT IS THEREFORE ORDERED** that Licensee is suspended from the practice of medicine in the state of Mississippi for twelve (12) months with an immediate stay, with the start date of the suspension on November 12, 2025.

**IT IS THEREFORE ORDERED** that within six (6) months of the date of the signature of this Order, Licensee shall successfully complete the PROBE course offered by CPEP and provide confirmation of successful completion to the Board.

**IT IS THEREFORE ORDERED** that Licensee shall limit his collaboration relationships with APRNs to ten (10) APRNs or less.

**IT IS THEREFORE ORDERED** that Licensee shall meet with the Board's Executive Director in six (6) months, either in person or virtually, to review and discuss status of Licensee's compliance with the Board's Order.

**IT IS FURTHER ORDERED** that Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann., Section 73-25-30, as amended. Licensee shall be advised of the total assessment, not to exceed \$10,000 by written notification, and shall tender to the Board a certified check or money order within forty (40) days after the date the assessment is mailed to Licensee's current mailing address.

**IT IS FURTHER ORDERED** that this decision and opinion is a final order of the Board and is conclusive evidence of the matters described herein.

**IT IS FURTHER ORDERED** that the Determination and Order shall be public record. It may be shared with other licensing boards (in and out of state), and the public, and may be reported to the appropriate entities as required or authorized by state and/or federal law or guidelines. This action shall be spread upon the Minutes of the Board as its official act and deed.

**SO ORDERED** this the 12th day of November, 2025.

**MISSISSIPPI STATE BOARD OF  
MEDICAL LICENSURE**

BY: \_\_\_\_\_

  
**RODERICK GIVENS, M.D.  
ACTING PRESIDENT**

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**BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**

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**IN THE MATTER OF THE LICENSE OF:**

**MUHAMMAD ASIF ABDUL BASIT, M.D.**

**License No. 30129**

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**ORDER OF CONTINUANCE**

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**THIS MATTER** came on regularly for consideration by the Mississippi State Board of Medical Licensure (hereinafter "Board") in response to an unopposed request for continuance of the hearing set for this date made by Dr. Basit's attorney, Conner Reeves.

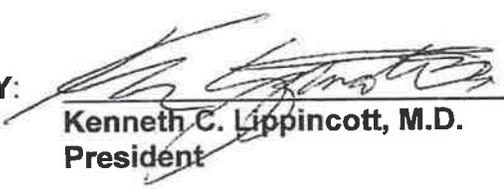
After consideration of the matter, the Board finds the motion well-taken and is hereby **GRANTED**.

**IT IS, THEREFORE, ORDERED**, that this matter is continued until January 14 & 15, 2026.

**SO ORDERED** this the 12th, day of November 2025.

**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**

**BY:**

  
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**Kenneth C. Lippincott, M.D.**  
**President**

**BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE  
IN THE MATTER OF THE PHYSICIAN'S LICENSE OF  
MARY THERESE JACOBSON, M.D., LICENSE NO. 28111**

**CONSENT ORDER**

**WHEREAS, MARY THERESE JACOBSON, M.D.**, hereinafter referred to as "Licensee," is the current holder of Compact Medical License No. 28111, said license number expires on June 30, 2026;

**WHEREAS**, Licensee reports her area of practice to be Obstetrics and Gynecology which is conducted at Alpha Telemedicine in Denver, Colorado;

**WHEREAS**, the Investigative Staff of the Mississippi State Board of Medical Licensure, hereinafter referred to as the "Board," has conducted an investigation of Licensee and has in its possession evidence which, if produced during the course of an evidentiary hearing, would substantiate that Licensee has violated certain provisions of the Mississippi Medical Practice Act, specifically, Miss. Code Ann. §§ 73-25-29(8)(d), 73-25-29(13), and 73-25-83(a), and 30 Miss. Admin. Code Pt. 2635, Ch. 5, Rules 5.4 and 5.5. Licensee's actions would constitute a failure to establish a valid physician-patient relationship, using store-and-forward transfer technology to replace real-time physician patient interaction, utilizing a questionnaire in lieu of a physical examination, and unprofessional conduct for which the Board may revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, or take any other action as the Board may deem proper under the circumstances;

**WHEREAS**, the Board received a complaint alleging that Licensee was prescribing medications, via an online telehealth company, Hello Alpha, Inc. ("Hello Alpha"), without any physical exam or in-person monitoring;

**WHEREAS**, Licensee's actions constitute a failure to establish a valid physician-patient relationship, using store-and-forward transfer technology to replace real-time physician patient interaction, utilizing a questionnaire in lieu of a physical examination, and unprofessional conduct pursuant to Miss. Code Ann. §§ 73-25-29(8)(d), 73-25-29(13), and 73-25-83(a) and 30 Miss. Admin. Code Pt. 2635, Ch. 5, Rules 5.4 and 5.5;

**WHEREAS**, it is the desire of Licensee to avoid an evidentiary hearing before the Board and, in lieu thereof, has agreed to enter into this Consent Order, thereby admitting the facts and allegations set forth herein, subject to the terms, conditions, and restrictions as specified below.

**NOW, THEREFORE**, the Mississippi State Board of Medical Licensure, with consent of Licensee as signified by her joinder herein, does hereby place the following terms and conditions on Licensee's certificate (No. 28111) to practice medicine in the State of Mississippi, to wit:

1. Licensee is prohibited from practicing medicine via telehealth in the State of Mississippi for ninety (90) days, or until February 10, 2026.
2. Licensee shall successfully complete the PROBE course offered by CPEP and provide confirmation of completion to the Board.
3. Licensee shall obey all federal, state and local laws, and all rules and regulations governing the practice of medicine. Any further acts of misconduct may result in further action.
4. Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann. § 73-25-30. Licensee shall be advised of the total assessment by separate written notification and shall tender to the Board a certified check or money order made payable to the Mississippi State Board of

Medical Licensure, on or before forty (40) days from the date the assessment is mailed to Licensee via U.S. Mail to Licensee's current mailing address.

5. Upon Licensee's satisfaction of the requirements of this Consent Order, the restriction on License No. 28111 will be lifted automatically.

This Consent Order shall be subject to approval by the Board. If the Board fails to approve this Consent Order, in whole or in part, it shall have no force or effect on the parties. It is further understood and agreed that the purpose of this Consent Order is to avoid a hearing before the Board. In this regard, Licensee authorizes the Board to review and examine any documentary evidence or material concerning the Licensee prior to or in conjunction with its consideration of this Consent Order. Licensee further acknowledges that she may be required to personally appear before the Board on the scheduled hearing date to answer any questions which the Board may have. Should this Consent Order not be accepted by the Board, it is agreed that presentation to, and consideration by the Board of, this Consent Order and other documents and matters pertaining thereto, including Licensee's answers to questions, shall not unfairly or illegally prejudice the Board or any of its members from participation in any further proceedings.

Licensee understands and expressly acknowledges that, should Licensee challenge or dispute any provision or statement in this agreement during the Board approval process, this Consent Order will automatically be rendered null and void, formal charges will be brought, and this matter shall be set for a full evidentiary hearing at the convenience of the Board.

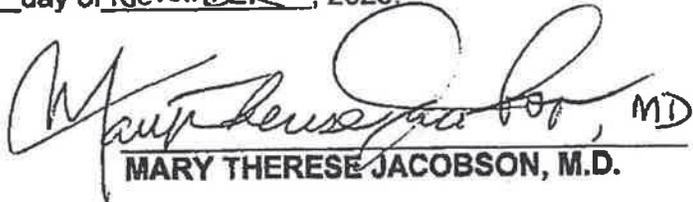
Should the Board hereafter receive documented evidence of Licensee violating any of the terms and conditions of this Consent Order, or of any further actions(s) taken

related to the facts and terms stated herein, the Board shall have the right, pursuant to a full evidentiary hearing, to revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, or take any other action determined as necessary by the Board.

Licensee understands and expressly acknowledges that this Consent Order, if approved and executed by the Mississippi State Board of Medical Licensure, shall constitute a public record of the State of Mississippi. Licensee further acknowledges that the Board shall provide a copy of this Order to, among others, the National Practitioners Data Bank (NPDB), the Mississippi Department of Health (MSDH), the Federation of State Medical Boards, the Office of the Inspector General, United States Department of Health and Human Services (OIG-HHS), the U.S. Drug Enforcement Administration, the Mississippi Division of Medicaid, the Mississippi Board of Pharmacy, and the Mississippi State Medical Association (MSMA). The Board makes no representation as to what action, if any, any other agency or jurisdiction may take in response to this Order.

Recognizing her right to notice of charges specified against her, to have such charges adjudicated pursuant to Miss. Code Ann. § 73-25-27, to be represented therein by legal counsel of her choice, and to a final decision rendered upon written findings of fact and conclusions of law, **MARY THERESE JACOBSON, M.D.**, nevertheless, hereby waives her right to notice and a formal adjudication of charges and authorizes the Board to enter an order accepting this Consent Order.

EXECUTED, this the 11<sup>th</sup> day of NOVEMBER, 2025.

  
**MARY THERESE JACOBSON, M.D.**

**ACCEPTED AND APPROVED**, this the 12<sup>th</sup> day of November 2025, by the  
Mississippi State Board of Medical Licensure.

  
**C. Kenneth Lippincott, M.D.**  
**Board President**

# **Mississippi State Board of Medical Licensure Board Meeting**

Public Comment

## **Mississippi State Board of Medical Licensure Board Meeting**

Pursuant to MS Code § 25-41-7(4)(a), A personnel matter for review and discussion to be held in executive session.