MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
PAIN PRACTICE APPLICATION
REGISTRATION AND RENEWAL

Primary Physician Information Please mark with N/A if not applicable			**For Office Use Only** **Date Received:**
Primary Physician Name (as listed on MS Medical License)			MS MEDICAL LICENSE #
CHECK ONE	ONE FORM FOR EACH LOCATION		
Initial Application Physician Owned Practice	**Renewal Physician Owned Practice Include Certificate Number**	**Initial Application Hospital Practice**	**Renewal Hospital Practice Include Certificate Number**
☐	☐	☐	☐

DEA Controlled Substance Registration Number	NPI Number National Provider Identifier	Federal Tax ID Number

Corporate Legal Name of Practice		
Pain Practice Address	**PHYSICAL ADDRESS**	**MAILING ADDRESS**

Documentation of ownership:

Please provide copy of checked Tax form with application

- ☐ Sole Proprietor - IRS Tax Form 1040, Schedule C
- ☐ Corporation - IRS Tax Form 1120 or 1120S, Federal & State
- ☐ Partnership - IRS Tax Form 1065
- ☐ Other document (subject to approval by Executive Director)

TRAINING: Part 2640, Chapter 1, Rule 1.15.H. Training Requirements for All Physicians Practicing in Pain Management Medical Practices. Effective July 1, 2014, physicians who have not met the qualifications set forth in subsections (1) through (5) below, shall have successfully completed a pain residency fellowship or a pain medicine residency that is accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA). All physicians prescribing or dispensing controlled substance medications in pain management practices registered by the Board must meet one (1) of the following qualifications:

CHECK ONE

☐ 1. board certification by a specialty board recognized by the American Board of Medical Specialties (ABMS) or the American Board of Addiction Medicine (ABAM) and hold a subspecialty certification in pain medicine;

☐ 2. board certification by a specialty board recognized by the American Osteopathic Association Bureau of Osteopathic Specialists (BOS) in pain management;

☐ 3. board certification in pain medicine by the American Board of Pain Medicine (ABPM);

☐ 4. successful completion of a residency program in physical medicine and rehabilitation, anesthesiology, neurology, or neurosurgery and approved by the ACGME or the AOA; or

☐ 5. successful completion of 100 hours of in-person, face to face, live participatory AMA or AOA Category 1 CME courses in pain management.

Provide copies of certificates for any certification, training and CME

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Pain Management Practice Information

Please mark with N/A if not applicable

Phone Number(s) of Pain Practice		

Designated Contact Person(s) Name and **DIRECT** phone number and email address

NAME	TELEPHONE NUMBER	EMAIL ADDRESS

Level II or III Office Based Surgery performed in your pain practice? ___Yes ___No

If yes, is this Office Based Surgery Registered with MSBML? ___Yes ___No

PRACTICE OPERATING HOURS

				TOTAL HOURS
SUN		TO		
MON		TO		
TUE		TO		
WED		TO		
THU		TO		
FRI		TO		
SAT		TO		
			TOTAL HOURS	

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Appendix E

List All Individuals who may be owner(s), principal(s), Officer(s), agents(s), managing employee(s), contract employee(s) and affiliated person(s) - use additional copies of this form if necessary. List All Practitioners/Employees. Provide practice specific protocols for Nurse Practitioners and Physician Assistants (protocol as approved by MSBML) ~ Employee Type/Title examples, clerk, receptionist, aide ~ Degree examples, M.D., D.O., PA, APRN ~ Copy this page to submit personnel changes as necessary for Updates..

NAME	EMPLOYEE TYPE /TITLE	New Employee Y or N	DEGREE	LICENSE #	DEA#	NPI#	DOB

Primary Physician Name: _____ Date: _____

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APPLICATION FOR REGISTRATION & RENEWAL
Appendix E

Do you currently hold an active, unrestricted medical license in Mississippi? If the answer to this question is "no", you are not currently eligible to own and operate a pain practice.	___Yes ___No
Are all the owner(s) of this pain practice Mississippi licensed physicians?	___Yes ___No
Have you, any physician co-owner, any physician or physician assistant with whom you employ or contract services ever:	
Been denied, by any jurisdiction, a certificate issued by the Drug Enforcement Administration (DEA) under which the person may prescribe, dispense, administer, supply or sell a controlled substance or other listed medications under definitions?	___Yes ___No
held a certificate issued by the Drug Enforcement Administration under which the person may prescribe, dispense, administer, or supply or sell a controlled substance that has been restricted?	___Yes ___No
been subject to disciplinary action by any licensing entity for conduct that was a result of inappropriately prescribing, dispensing, administering, supplying or selling a controlled substance?	___Yes ___No
have been terminated from Mississippi's Medicaid Program, the Medicaid program of any other state, or the federal Medicare program, unless eligibility has been restored.	___Yes ___No
Have you, or any physician co-owner or physician assistant in this practice, ever been convicted of, pled nolo contendere to, or received deferred adjudication for:	
an offense that constitutes a felony?	___Yes ___No
an offense that constitutes a misdemeanor, the facts of which relate to the distribution of illegal prescription drugs or a controlled substance?	___Yes ___No
Are you, or any physician co-owner or physician assistant in this practice, a current participant in the Mississippi Professionals Health Program?	___Yes ___No

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

Physician Signature: Date:

Contact Information:
If you have any questions, please Contact the Investigative Division of the Mississippi State Board of Medical Licensure at: Fax: (601) 987-6822 Tel: (601) 987-0231. Mail Forms: **MSBML/ Investigative Division - PAIN PRACTICE,** 1867 Crane Ridge Drive, Ste 200-B, Jackson, MS 39216. FAX: 601-987-6822