

**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**  
 CYPRESS RIDGE BUILDING • 1867 CRANE RIDGE DRIVE, SUITE 200-B • JACKSON, MS 39216  
 (601) 987-3079  
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**FAX NOT ACCEPTABLE**

**APPENDIX A**

MEDICAL/OSTEOPATHIC SCHOOL CERTIFICATION

|   |  |                      |   |
|---|--|----------------------|---|
| Name of Physician   |  |                      |   |
| Name of Institution   |  |                      |   |
| Institution Address   |  |                      |   |
| City, State, Zip  |  |                      |   |
| Country   |  |                      |   |
| Total number of weeks of medical education  |  |                      |   |
| Dates of Attendance   |  | From:                | To:   |
| Type of Degree  |  | Award Date of Degree |   |
| Was physician ever dropped, suspended, placed on probation, or asked to resign? (If yes, please explain)  |  |                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Did the physician attend medical/osteopathic school for a period other than the normal curriculum, or was he/she required to repeat any medical education? (If yes, please explain) |  |                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Did physician take any type of break or leave of absence for any reason during medical/osteopathic school? (If yes, please explain)   |  |                      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Signature of certifying official  |  | School Seal          |   |
| Title   |  |                      |   |
| Email address   |  |                      |   |
| Date of signature   |  |                      |   |

**INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:**

Please fill in all applicable spaces and return to the Mississippi State Board of Medical Licensure at the above address or email a PDF format to [certification@msbml.ms.gov](mailto:certification@msbml.ms.gov). International medical schools must return via mail, emails are not acceptable. Do not send this certification back to the applicant as the Board will not consider the certification unless it is received directly from the institution. Board policy requires original documents from primary source. A fax is not acceptable.