

OFFICE RELOCATION NOTICE

Current Address: 1867 Crane Ridge Drive, Suite 200-B, Jackson, MS 39216

New Address: The Atrium Building, 805 S. Wheatly Street, Suite 600, Ridgeland, MS 39157

MSBML will be relocating soon. Please add the new address as a redirect address on all mailings.

(601) 987-3079

WWW.MSBML.MS.GOV

FAX NOT ACCEPTABLE

APPENDIX C

ACTIVITY CERTIFICATION

Name of Applicant								
Name of Employer								
Employer Address								
City, State, Zip								
Position/Title of Applicant								
Type of Activity	<input type="checkbox"/>	Medical	<input type="checkbox"/>	Non-Medical	<input type="checkbox"/>	Educational		
Activity Status	<input type="checkbox"/>	Inactive	<input type="checkbox"/>	Active	<input type="checkbox"/>	Volunteer	<input type="checkbox"/>	Other
Dates of Activity	From:			To:				
Was applicant in good standing during the above stated period? (If no, please explain)							<input type="checkbox"/>	Yes
							<input type="checkbox"/>	No
Were any limitations or special requirements placed upon applicant because of questions of incompetence, disciplinary problems, or any other reasons? (If yes, please explain)							<input type="checkbox"/>	Yes
							<input type="checkbox"/>	No
Was applicant ever placed on probation, disciplined, placed under investigation, or asked to resign? (If yes, please explain)							<input type="checkbox"/>	Yes
							<input type="checkbox"/>	No
Did applicant take any type of leave of absence or break from this activity? (If yes, please explain)							<input type="checkbox"/>	Yes
							<input type="checkbox"/>	No
Signature of Certifying Official								
Title				Signature Date				
Email address				Telephone No.				

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. 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.**