

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 B

POST-GRADUATE TRAINING CERTIFICATION

Name of Physician								
Name of Institution								
Institution Address								
City, State, Zip								
Internship, Residency, Fellowship Program Name								
Program Accredited by	<input type="checkbox"/>	ACGME	<input type="checkbox"/>	AOA	<input type="checkbox"/>	Not Accredited	<input type="checkbox"/>	Other
Dates of Attendance	From:				To:			
Was physician ever placed on probation, disciplined, or placed under investigation, or asked to resign? (If yes, please explain)							<input type="checkbox"/>	Yes
							<input type="checkbox"/>	No
Were any limitations or special requirements placed upon physician because of questions of academic incompetence, disciplinary problems, or any other reasons? (If yes, please explain)							<input type="checkbox"/>	Yes
							<input type="checkbox"/>	No
Did instructors ever file any negative reports on this physician? (If yes, please explain)							<input type="checkbox"/>	Yes
							<input type="checkbox"/>	No
Did physician take any type of leave of absence or break from his/her training? (If yes, please explain)							<input type="checkbox"/>	Yes
							<input type="checkbox"/>	No
Signature of Program Director/Chairman								
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.**