

■ 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 D**

STATE MEDICAL BOARD LICENSURE CERTIFICATION

Name of State Medical Board	
State Medical Board Address	
City, State, Zip	

Name of Applicant	
Applicant Address	
City, State, Zip	

Medical License #		Current Status	
Area of Specialty		Type of License	
Issue Date		Expiration Date	

Licensure Base	Endorsement	Reciprocity	State Board
	NCCPA	Other	

Has applicant's license ever been suspended, revoked, or had restrictions imposed? (If yes, please attach documents.)
Is applicant currently under investigation for any reason? (If yes, please explain.)

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.**

September 2020