Applicants for acupuncture licensure must meet the following requirements:

1. Satisfy the Board that he or she is at least twenty-one (21) years of age and of good moral character.
2. Satisfy the Board that he or she is a citizen or permanent resident of the United States of America.
3. Complete an application for license and submit same to the Board in the manner prescribed by the Board with a recent passport type photograph.
4. Pay the appropriate fee as determined by the Board.
5. Present a certified copy of birth certificate or valid and current passport.
6. Submit proof of legal change of name if applicable (notarized or certified copy of marriage license or other legal proceeding).
7. Provide information on registration or licensure in all other states where the applicant is or has been registered as an acupuncturist.
8. Provide favorable references from two (2) acupuncturists licensed in the United States with whom the applicant has worked or trained.
9. Provide proof, directly from the institution, of successful completion of an educational program for acupuncturists that are in candidacy status or accredited by ACAOM, NCCAOM or its predecessor or successor agency that is at least three (3) years in duration and includes a supervised clinical internship to ensure that applicants with an education outside the US are recognized because of the NCCAOM review process for foreign applicants.
10. Pass the certification examinations administered by the NCCAOM and have current NCCAOM Diplomate status in Acupuncture or Oriental Medicine that is consistent with one of the following:
    a. If taken before June 1, 2004, pass the Comprehensive Written Exam (CWE), the Clean Needle Technique portion (CNTP), and the Practical Examination of Point Location Skills (PEPLS).
    b. If taken on or after June 1, 2004, and before January 1, 2007, pass the NCCAOM Foundations of Oriental Medicine Module, Acupuncture Module, Point Location Module and Biomedicine Module.
    c. If taken on or after January 1, 2007, pass the NCCAOM Foundations of Oriental Medicine Module, Acupuncture Module with Point Location Module, and the Biomedicine Module.
11. If applicant is a graduate of an international educational program, provide proof that the applicant is able to communicate in English as demonstrated by one of the following:
    a. Passage of the NCCAOM examination taken in English.
    b. Passage of the TOEFL (Test of English as a Foreign Language) with a score of 560 or higher on the paper based test or with a score of 220 or higher on the computer based test.
    c. Passage of the TSE (Test of Spoken English) with a score of 50 or higher.
    d. Passage of the TOEIC (Test of English for International Communication) with a score of 500 or higher.

12. Provide proof of successful completion of a CCAOM-approved clean needle technique course sent directly from the course provider to the Board.
13. Provide proof of current cardiopulmonary resuscitation (CPR) certification from either the American Heart Association or the American Red Cross.
14. Provide proof of malpractice insurance with a minimum of $1 million dollars in coverage.
15. Appear for a personal interview in the office of the Mississippi State Board of Medical Licensure and pass the Jurisprudence Examination as administered by the Board.

Mississippi State Board of Medical Licensure

1867 Crane Ridge Drive, Suite 200-B
Jackson, Mississippi 39216
(601) 987-3079

APPLICATION FOR LICENSE TO PRACTICE ACUPUNCTURE

Fees

Application Fee : $400.00
$250.00 (non-refundable filing fee)

Submit check or money order in the amount of $400 made payable to:

Mississippi State Board of Medical Licensure (MSBML)

PHOTOGRAPH
(Wallet-size, passport-type.)

TAKEN WITHIN SIXTY (60) DAYS

Attach with tape.
Do not paste.

Personal Information

Last Name	First Name	Middle Name	
Maiden Names (if any)			
Gender ☐Male ☐Female	Social Security Number	Date of Birth	Age
Home Phone	Cell Phone	Office Phone	
Home Street Address			
City	State	Zip	
Mailing Address			
City	State	Zip	

Practice Location

Practice Address (if known) *THIS ADDRESS WILL BE PUBLISHED*	
City State Zip	
Email Address	Website
Office Phone	Office Fax

Other State Acupuncture Licenses

State	License No.	Expiration	State	License No.	Expiration
_____	_____	_____	_____	_____	_____
State	License No.	Expiration	State	License No.	Expiration
_____	_____	_____	_____	_____	_____
State	License No.	Expiration	State	License No.	Expiration
_____	_____	_____	_____	_____	_____

Licensure Requirements, Education, Certifications and References

Citizenship

Are you a citizen or permanent resident of the United States? ☐Yes ☐No

Acupuncture Education (if more than one school, please attach a separate sheet)

School Name _____

City _____ State_____ Country_____

Is the school ACAOM or NCCAOM certified? ☐Yes ☐No

Was an internship completed? ☐Yes ☐No

Graduation Date _____ ☐ Masters Degree ☐Certificate ☐Other Diploma _____

Clean Needle Technique and CPR

Did you pass Clean Needle Technique? ☐Yes ☐No Date Completed _____

Do you have current CPR Certification? ☐Yes ☐No Expiration Date _____

NCCAOM Examinations NCCAOM Certification Number _____

Acupuncture	Passed	☐Yes	☐No	Date_____
Herbology	Passed	☐Yes	☐No	Date_____
Oriental Medicine	Passed	☐Yes	☐No	Date_____
Point Location	Passed	☐Yes	☐No	Date_____

***Applicant must have passed the NCCAOM and be within 3 months of graduation. License will not be issued until all documents are received.**

Ethics

Have you read and do you understand the NCCAOM Code of Ethics (www.nccaom.org)? ☐Yes ☐No

Professional Medical References (List two acupuncturists licensed in the United States with whom you have worked or trained.)

Name _____ Title _____

Address _____ Phone _____

City _____ State _____ Zip _____

Name _____ Title _____

Address _____ Phone _____

City _____ State _____ Zip _____

Activities And Work Experience Following Acupuncture Education

List all practice experience in chronological order since completion of your formal training giving dates, institutions, schools and clinics, with complete addresses. Any time following acupuncture education must be accounted for. Explain any lapse in time below (use separate sheet if necessary).

Dates (From/To) ______/_______	Name of Business ___________________________	Address ___________________________________ City _____________________________________ State, Zip _________________________________
Dates (From/To) ______/_______	Name of Business ___________________________	Address ___________________________________ City _____________________________________ State, Zip _________________________________
Dates (From/To) ______/_______	Name of Business ___________________________	Address ___________________________________ City _____________________________________ State, Zip _________________________________
Dates (From/To) ______/_______	Name of Business ___________________________	Address ___________________________________ City _____________________________________ State, Zip _________________________________
Dates (From/To) ______/_______	Name of Business ___________________________	Address ___________________________________ City _____________________________________ State, Zip _________________________________
Dates (From/To) ______/_______	Name of Business ___________________________	Address ___________________________________ City _____________________________________ State, Zip _________________________________
Dates (From/To) ______/_______	Name of Business ___________________________	Address ___________________________________ City _____________________________________ State, Zip _________________________________
Dates (From/To) ______/_______	Name of Business ___________________________	Address ___________________________________ City _____________________________________ State, Zip _________________________________

Explanations:

Attestation Questions and Fitness to Practice

1. Have you ever been convicted of a felony? ☐Yes ☐No

2. Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of acupuncture? ☐Yes ☐No

3. Have you ever been convicted of any violation of a state or federal law relating to controlled substances? ☐Yes ☐No

4. Are any charges against you for violation of state or federal drug laws currently pending in any court? ☐Yes ☐No

5. Has your certificate of qualification or license to practice acupuncture in any state been suspended, revoked, restricted, conditioned, curtailed or voluntarily surrendered under threat of suspension or revocation? ☐Yes ☐No

6. Have you ever been denied a certificate or license to practice acupuncture in any state or has your application for a certificate or license to practice acupuncture been withdrawn under threat of denial? ☐Yes ☐No

7. Are you now, or have you ever used any controlled substances or other drugs having addiction-forming or addiction-sustaining liability to the extent it affects your ability to practice acupuncture with reasonable skill and safety to patients? ☐Yes ☐No

8. Are you now, or have you ever consumed alcohol or other intoxicating liquors to the extent it affects your ability to practice acupuncture with reasonable skill and safety to patients? ☐Yes ☐No

9. If your answer to any one of the three preceding questions is "yes", are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in illegal use of controlled substances or other drugs having addiction-forming or addiction-sustaining liability? ☐Yes ☐No

10. During any training were you ever on probation, restrictions, suspension, revocation, modification, or otherwise acted against (explain “otherwise” actions)? ☐Yes ☐No

11. Have you ever been diagnosed as having, or have you ever been treated for, pedophilia, exhibitionism or voyeurism, bipolar disorder, sexual disorder, schizophrenia, paranoia or other psychiatric disorder? ☐Yes ☐No

12. Have you ever had a judgment rendered against you, a judgement pending against you or action settled relating to the performance of your professional service? ☐Yes ☐No

13. Have you ever been denied malpractice liability insurance? ☐Yes ☐No

14. To your knowledge, have you ever been or are you now, the subject of an investigation or disciplinary proceeding by any licensing Board/Agency as of the date of this application? ☐Yes ☐No

15. Have you ever been arrested, other than minor traffic citations? ☐Yes ☐No

16. Have you ever been denied a Mississippi acupuncture license? ☐Yes ☐No

If any of the answers on the previous page are in the affirmative, please explain in detail below or on an attached sheet and provide the complete address of any psychiatrist/psychologist, state board, hospital, etc.

_____

_____

_____

_____

_____

_____

_____

Malpractice Insurance

Current Malpractice Insurance Company (Attach a separate sheet if necessary.)

Company Name _____

City _____ State_____

Is current coverage at least $1 million? ☐Yes ☐No

Have you had any claims filed against you? ☐Yes ☐No

If yes, iIndicate whether dismissed, pending, settled, etc. _____

Give brief description of claim:_____
_____
_____
_____
_____
_____

Previous Malpractice Insurance Company (Attach a separate sheet if necessary.)

Company Name _____

City _____ State_____

Were any claims filed against you? ☐Yes ☐No

If yes, iIndicate whether dismissed, pending, settled, etc. _____

Give brief description of claim:_____
_____
_____
_____
_____
_____
_____

Previous Malpractice Insurance Company (Attach a separate sheet if necessary.)

Company Name _____

City _____ State_____

Were any claims filed against you? ☐Yes ☐No

If yes, iIndicate whether dismissed, pending, settled, etc. _____

Give brief description of claim:_____
_____
_____
_____
_____
_____

Affidavit and Release

I, _____, certify after being duly sworn, that all of the information supplied in the foregoing application is true and correct to the best of my knowledge, that the photograph submitted herein is a true likeness of myself and was taken within sixty (60) days prior to the date of this application. I acknowledge that any false or untrue statement or representation made in this application may result in the revocation of any license to practice acupuncture granted to me and criminal prosecution to the fullest extent of the law.

I further authorize the release of this application and any information submitted with it or information collected by the Mississippi State Board of Medical Licensure in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information and release the Mississippi State Board of Medical Licensure from all liability for the release of this information.

I further authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Mississippi State Board of Medical Licensure and release this person or organization from any liability for the release of information.

Date _____ _____

Applicant's Signature

County of _____

State of _____

SWORN to and subscribed before me this _____ day of _____, in the year

of _____.

(SEAL) _____

Notary Public

My Commission Expires: _____

FOR USE OF MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE ONLY

INVESTIGATOR INTERVIEWER:_____

DATE:_____

PERMANENT LICENSE NUMBER:_____

ISSUED ON:_____

WALL CERTIFICATE MAILED:_____

Instructions for Completing Licensure Application

July 2009

(A) **Photograph.** Applicant must attach a photograph taken within the last sixty (60) days of the date of application. This should be a wallet-size, passport-type photograph attached to the application. Informal snapshots or colored paper photos will not be accepted. All applications not meeting the photo requirement will be returned.

(B) **Personal Information and Practice Location.** All applicable sections must be completed in their entirety.

(C) **Other State Acupuncture Licenses.** Applicant must list all states where licensed to practice medicine. Include temporary, limited, restricted, revoked, active and inactive licenses.

(D) **Licensure Requirements, Education, Certifications and References.** If applicant was born outside the United States, notarized copy of naturalization certificate or certificate of citizenship must be submitted. Applicant must list acupuncture education and give dates and complete addresses of institutions. Applicant must list two acupuncturists (other than family members) licensed in the United States or Canada with whom applicant has worked or trained. Use complete addresses. All incomplete applications will be returned.

(E) **Activities and Work Experience Following Acupuncture Education.** Applicant must account for all time since graduation from acupuncture school. All activities following acupuncture school and internship must be accounted for. The intentional failure to disclose any time period shall constitute falsification which is grounds for denial of the application.

(F) **Attestation Questions and Fitness to Practice.** All questions on page 4 of the application must be completed by the applicant. If there is an affirmative answer for questions 1-16, a detailed explanation must be attached. Any evaluations, reports, orders, arrest records, etc. must be submitted directly from the issuing entity.

(G) **Malpractice Insurance.** Applicant must list names and addresses of past and present insurance carriers from whom medical malpractice liability insurance has been obtained.

(H) **Affidavit and Release.** Applicant shall read carefully the oath of the truthfulness of information supplied in this application and the releases which give consent to release information to and from the Board. Applicant shall execute the application and have notarized (see enclosed Notary Guide).

(I) **Birth Certificate.** Applicant shall submit a certified copy or notarized (see Notary Guide) copy of original birth certificate or current passport. In the event the name of the applicant differs from the name reflected on the applicant's birth certificate or other certification, the applicant shall submit evidence satisfactory to the Board that establishes the true identity of the applicant (certified copy of legal name change, marriage certificate, divorce decree, etc.)

(J) **CPR Certification.** Applicant shall submit a copy of current cardiopulmonary resuscitation (CPR) certification.

(K) **Acupuncture School Diploma.** Applicant shall submit a copy of original acupuncture school diploma.

(K) **Driver's License.** Applicant shall submit a copy of current driver's license.

(L) Any document required to be submitted to the Board by an applicant which is not in the English language must be accompanied by a certified translation thereof into English.

(M) If applicant is a graduate of an international educational program, applicant shall submit a notarized (see Notary Guide) copy of Board approved English proficiency exam scores.

Duplicate as many copies of each appendix as you need.

(N) **Appendix A.** Applicant must sign and have notarized the "Authorization to Release Information" form. A copy of this form

must be included with each verification of activities and verification of malpractice insurance form that is sent to request verification. The **original** "Authorization to Release Information" form must be returned to the Mississippi State Board of Medical Licensure.

(O) **Appendix B.** Applicant must complete top portion and forward one to each state in which applicant holds or has held a license to practice medicine. Include temporary, limited, restricted, revoked, active and inactive licenses. This form will be accepted only if sent directly from the state board to the Mississippi Board. Do not have the state board send this form back to you.

(P) **Appendix C.** Applicant shall send this form to each insurance company where applicant has or has had malpractice insurance. Applicant shall submit proof where he or she has obtained a minimum of $1 million dollars in coverage. This form will be accepted only if sent directly from the insurance company to the Mississippi Board. Do not have the insurance company send this form back to you.

(Q) **Appendix D.** Applicant must account for all time since graduation from medical school. All activities following medical school and training must be accounted for. Each activity must be verified by the institution. Applicant shall send this form to the institution where activities were performed. This form will be accepted only if sent directly from the institution to the Board. Do not have the institution send this form back to you.

(R) **NCCAOM Scores and Diplomat Status.** Applicant must request verification of exam results and/or certification status from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) at **www.nccaom.org**.

(S) **CNT Certificate.** Applicant must request verification of clean needle technique certification from the Council of Colleges of Acupuncutre and Oriental Medicine at **www.ccaom.org**.

(T) **Military Records.** If applicant has ever served in any branch of the military, applicant must request a DD Form 214 or its equivalent at **http://www.archives.gov/veterans/military-service-records/get-service-records.html.**

(U) **Licensure Fees.** Applicant must submit check or money order made payable to the MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE in the amount of $400.00. **$250 of the licensure fee is a non-refundable filing fee.**

NO FOREIGN CHECKS OR MONEY ORDERS WILL BE ACCEPTED.
A $50.00 FEE WILL BE CHARGED FOR ALL RETURNED CHECKS.

NOTE* **INFORMATION PERTAINING TO APPLICATION AND REINSTATEMENT OF ACUPUNCTURE LICENSE IS GIVEN TO THE APPLICANT ONLY. PLEASE DO NOT ALLOW OTHERS TO CONTACT THIS AGENCY ON YOUR BEHALF. POWER OF ATTORNEY WILL NOT BE ACCEPTED.**

MEMORANDUMS CONTAINING DOCUMENTS MISSING FROM APPLICANT'S FILE WILL BE MAILED OUT WEEKLY.

Mississippi State Board of Medical Licensure
1867 Crane Ridge Drive Suite 200-B
Jackson, Mississippi 39216
(601) 987-3079

CHECKLIST FOR LICENSE TO PRACTICE ACUPUNCTURE

- ☐ Passport Sized Photograph (attached on page 1 of application)
- ☐ Proper Fees made Payble to Mississippi State Board of Medical Licensure (MSBML)
- ☐ Copy of State Issued Photo Identification
- ☐ Notarized or Certified Copy of Birth Certificate or Valid Passport
- ☐ Notarized Copy of Proof of Legal Name Change (if applicable)
- ☐ Notarized Copy of Naturalization Certificate or Certificate of Citzenship (if applicable)
- ☐ Copy of Acupuncture Diploma or Certificate
- ☐ Copy of Current CPR Certification Card
- ☐ Notarized Copy of English Proficiency Exam Scores (if applicable)
- ☐ Authorization to Release Information Form (Appendix A)
- ☐ Explanations as noted in the Application (if applicable)
- ☐ Military Records (if applicable)

Provide proof, sent directly from the institution, certification board or state agency to the address above. Primary source verification of the following is required:

- ☐ Acupuncture School Transcripts (including internship)
- ☐ NCCAOM Scores and Diplomat Status (www.nccaom.org for form)
- ☐ Clean Needle Technique Certification (www.ccaom.org for form)
- ☐ Certification of Other State Licenses (Appendix B)
- ☐ Certification of Malpractice Insurance Coverage and Claim Status (Appendix C)
- ☐ Certification of Activities after Graduation (Appendix D)

When having your application, birth certificate, passport, or any other documents notarized, please use the following checklist as a guide to ensure proper notarization.

All documents require the following:

1. Notary's stamp or seal
2. Notary's name
3. Notary's signature
4. Notary's commission expiration date
5. Date of notarization (must be original and dated within the last six (6) months)

Documents which must be certified require the notary to certify that the document is a "true & correct copy of the original." If the notary will not certify the document, you may attest that it is a "true & correct copy of the original" and sign the statement. The notary may then notarize your signature.

The notary may attach an affidavit, or cover sheet, if he/she chooses. Some states require an affidavit be used instead of notarizing the actual document. Affidavits must also meet the above checklist requirements and be attached to the document.

If your document is not in English, it must be translated into English. This translation must also be notarized as outlined above. The translation and the original language document must both be notarized and submitted.

Please submit only photocopies of your documents. DO NOT SUBMIT ORIGINAL DOCUMENTS.

Photocopies of the notarization will **NOT** be accepted.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
CYPRESS RIDGE BUILDING • 1867 CRANE RIDGE DRIVE, SUITE 200-B • JACKSON, MS 39216
(601) 987-3079
WWW.MSBML.MS.GOV

FAX NOT ACCEPTABLE **APPENDIX A**

PERPETUAL AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant	

The undersigned applicant for an acupuncturist license in the State of Mississippi, hereby authorizes each educational institution at which the undersigned has applied for any license, permit, certificate or registration; each person, firm, corporation, clinic, office, or institution by whom or with whom the undersigned has been employed in as an acupuncturist; each insurance company with which the undersigned has obtained or made application for medical malpractice liability insurance; each physician or other health care practitioner with whom the undersigned has consulted or seen for diagnosis or treatment; and each professional organization or specialty board to which the undersigned has applied for membership, to disclose and release to the Mississippi State Board of Medical Licensure, 1867 Crane Ridge Drive, Suite 200-B, Jackson, MS 39216, any and all information and documentation concerning the undersigned which the Board deems material for consideration of his/her application. Further, the undersigned hereby consents to the disclosure and release of such information and documentation to the Mississippi State Board of Medical Licensure and waives any privilege or right of confidentiality which the undersigned would otherwise possess with respect thereto.

The undersigned hereby authorizes any person, firm, corporation, clinic, office, institution, state or federal agency from whom the Mississippi State Board of Medical Licensure has requested information to rely on a copy of this release, the original now on file in the office of the Mississippi State Board of Medical Licensure at the above noted address.

The undersigned also agrees to execute any other release or authorization, the execution of which may be required under federal or state law prior to release of any of the documents or information requested. Otherwise, this authorization shall constitute a complete and perpetual release and authorization for all purposes set forth therein.

Signature of Applicant			
Printed Name of Applicant		Signature Date	

Sworn to and subscribed to before me this the _____ day of _____, 20___.

My Commission Expires:	_____ Notary Public

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. A fax is not acceptable.

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FAX NOT ACCEPTABLE **APPENDIX B**

STATE LICENSURE BOARD CERTIFICATION

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

Name of Applicant	
Applicant Address	
City, State, Zip	

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

Licensure Base		Endorsement		Reciprocity		State Board

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.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
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(601) 987-3079
WWW.MSBML.MS.GOV

FAX NOT ACCEPTABLE **APPENDIX C**

MALPRACTICE INSURANCE CERTIFICATION

Name of Applicant		
Name of Insurance Carrier		
Name of Insurance Agency		
Agency Address		
City, State, Zip		
Policy Number		
Dates of Coverage	From:	To:

Have any specific procedures been excluded from this coverage? (If yes, please explain)	☐ Yes ☐ No
Are there any current pending judgments or settlements on behalf of this provider? (If yes, please explain)	☐ Yes ☐ No
Have there been any paid judgments or settlements on behalf of this provider? (If no, please explain)	☐ Yes ☐ No
Have any professional liability suits been defended for this provider? (If yes, please explain)	☐ Yes ☐ No

If any of the above questions are "Yes", please provide a claims history report and an explanation of the details on a separate sheet.

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.

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FAX NOT ACCEPTABLE

APPENDIX D

ACTIVITY CERTIFICATION

Name of Applicant											
Name of Employer											
Employer Address											
City, State, Zip											
Position/Title of Applicant											
Type of Activity		Medical		Non-Medical		Educational					
Activity Status		Inactive		Active		Volunteer		Other			
Dates of Activity	From:			To:							

Was applicant ever placed on probation, disciplined, placed under investigation, or asked to resign? (If yes, please explain)	☐ Yes ☐ 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)	☐ Yes ☐ No
Was applicant in good standing during the above stated period of time? (If no, please explain)	☐ Yes ☐ No
Did applicant take any type of leave of absence or break from this activity? (If yes, please explain)	☐ Yes ☐ 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.