

# 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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## **MD/DO Instructions for Completing the Permanent Licensure Application**

### **IMPORTANT**

Upon submission of an application for licensure to the Board, the applicant shall promptly provide all information deemed necessary by the Board to process the application, including, but not limited to certification of graduation from medical school, photograph of applicant, internship certificate and birth certificate. The Board Shall have a reasonable period within which to collect and assimilate all required documents and information necessary to issue a medical license. If, after submitting an application for medical license, an applicant has failed to respond or make a good faith effort to pursue licensure for a period of **three (3) months**, the application will be considered null and void, and the applicant will have to reapply for licensure, including, but not limited to, all fees, application and certifications. Additionally, if after one year from the date of receipt of application, applicant has not received a medical license, the application will be considered null and void, and applicant will have to reapply for licensure, including, but not limited to, all fees, application and certifications. **Under no circumstances will the one-year time limit be waived.**

Once an application has been submitted, the application progress may be reviewed via the applicant's Licensure Gateway. Applicants can use the following website address to login and access their Licensure Gateway account: <https://gateway.msbml.ms.gov>. **No refunds will be issued under any circumstances.**

Questions regarding applications may be directed to the licensing professionals at the following email addresses. If the last name begins with:

A-G: [licofficer1@msbml.ms.gov](mailto:licofficer1@msbml.ms.gov)

H-P: [licofficer2@msbml.ms.gov](mailto:licofficer2@msbml.ms.gov)

Q-Z: [licofficer3@msbml.ms.gov](mailto:licofficer3@msbml.ms.gov)

**PLEASE NOTE:** The Board accepts as primary source verification the Federation Credentials Verification Service (FCVS) which is received from the Federation of State Medical Boards (FSMB). For additional information on this service, please contact FSMB at [www.fsmb.org](http://www.fsmb.org).

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## **Items submitted by the applicant**

Submit the following items upon completion of the online application and fees. All documents received become the property of the Board and *will not* be returned.

- (A) **Birth Certificate or Passport.** Applicant shall submit a certified copy or notarized copy (*see notary guide and notary form*) of original birth certificate or other certification. 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 (legal name change, marriage certificate, divorce decree, etcetera).
- (B) **Medical School Diploma.** Applicant shall submit a copy of the original medical school diploma. Document should be uploaded via the Licensure Gateway.
- (C) **Driver's License.** Applicant shall submit a copy of current driver's license. Document should be uploaded via the Licensure Gateway.
- (D) **Translated Foreign Language Documents.** Any document required to be submitted to the Board by the applicant which is not in the English language must be accompanied by a certified translation thereof into English by a recognized translator. The Board will accept a notarized copy (*see notary guide and notary form*) of certified translation. U.S. Medical Schools may submit original and translated medical school diplomas on behalf of an application.
- (E) **Affidavit and Perpetual Release Form.** Applicant shall carefully read the oath of the truthfulness of information supplied in this form which gives consent to release information to and from the Board. Applicant must sign and notarize (*see notary guide*) this form. A copy of this form must be included with each hospital privilege form sent to a hospital. The ORIGINAL "Affidavit and Perpetual Release of Information" form must be mailed to the Board.
- (F) **Photograph.** Applicant must attach a photograph taken within the last sixty (60) days to the date of the Affidavit and Perpetual Release of Information form. This should be a wallet-sized, passport-type photograph attached to the Affidavit and Perpetual Release of Information form. Informal snapshots will not be accepted. (*See Photograph Guidelines*)
- (G) **Electronic Photograph.** Applicant must also provide an electronic, passport-type photograph taken within the last sixty (60) days. Photo must be uploaded via the Licensure Gateway. (*See Photograph Guidelines*)

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## **(H) Applicant Fingerprints. Applicant may submit fingerprints via three ways:**

- a. Two Standard FD-258 fingerprint cards will be mailed to the address the applicant supplies when the application is submitted. The applicant may have the cards completed at their local law enforcement agency, or other fingerprinting service provider for processing and return them to the Board.
- b. Some law enforcement agencies and other fingerprinting service providers will provide the Standard FD-258 fingerprint cards. Once completed, the applicant should submit the completed cards to the Board.
- c. LiveScan prints can be completed at MSBML. If an applicant selects this option, he or she will be contacted by the Board, once the application has been reviewed and approved by the Board for licensure, to schedule a LiveScan fingerprinting appointment.

## **Verifications to be requested by the applicant**

Primary source verifications are required. Verifications will only be accepted if sent directly from the institution to the Board. Do not have the institutions send verifications back to the applicant or other third party. Board policy requires original documents from primary source. Verifications may be returned to the Board via email or mail. **Email is preferable.**

- (A) **Appendix A.** Applicant shall send this form to each medical school attended and request the medical school to forward the completed form to the Board.
- (B) **Appendix B.** Applicant shall send this form to the institution(s) where he/she completed his/her internship, residency and/or fellowship and request the institution to forward the completed form to the Board. For a postgraduate training program that may be closed, the Board recommends the applicant contact the Federation of State Medical Boards (FSMB) using the following link: <https://www.fsmb.org/closed-programs/>.
- (C) **Appendix C.** Applicant must account for all time since graduation from medical school. All activities following medical school and training must be accounted for. Each activity for the past five (5) years must be verified by the institution. Applicant shall send this form to the institution where activities were performed. **The Board may, at its' discretion, request additional verification of activities beyond the 5 years. Activities which occurred outside of the U.S. or Canada does not require verification. Further, the Board reserves the right to assess a \$50.00 fee for any application that is determined to be incomplete (i.e., not accounting for all time and activities).**

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- (D) **Appendix D.** Applicant must contact each state in which he/she holds or has held a license to practice medicine to determine the best method of having licensure verification submitted to the Board. This includes active and inactive licenses. Appendix D may be used for states requiring written requests. The Board also accepts licensure certifications processed through VeriDoc at: <https://www.veridoc.org/index.aspx>. Here is another helpful link made available by FSMB with information on how to obtain license verifications from state medical boards: <https://www.fsmb.org/siteassets/ua/x-pdfs/licensure-verification-information.pdf>.
- (E) **Appendix E.** Applicant shall request verification of hospital or staffing privileges he/she currently holds or previously held within the past five (5) years to be submitted directly to the Board. **The Board may, at its' discretion, request additional verification of hospital or staffing privileges beyond the 5 years. Privileges held outside of the U.S. or Canada does require verification.**
- (F) **Appendix F.** Applicant shall send this form to each Fifth Pathway institution where the applicant attended and request the institution to forward the completed form to the Board. Fifth Pathway – For MD Permanent applications, applicant can complete training at an approved facility in the U.S. in lieu of ECFMG verification. This only applies to applicants who completed the Fifth Pathway prior to December 31, 2009.
- (G) **Examination Report.** If the applicant took the FLEX, SPEX, or USMLE, applicant must request transcript from the (FSMB) to be sent to the Board at: [www.fsmb.org/transcripts](http://www.fsmb.org/transcripts). If the applicant took the COMLEX or COMVEX, applicant must request transcripts from the National Board of Osteopathic Medical Examiners (NBOME) at: <https://www.nbome.org/scores-transcripts/reports-transcripts/>.
- (H) **NBME Certification.** If the applicant is a Diplomate of the National Board of Medical Examiners (NBME), applicant must request a transcript of certification to be sent to the Board at: <https://www.usmle.org/transcripts/>.
- i. **NOTE: Only** those applicants who either passed the former NBME Parts or a combination of NBME Parts and USMLE Steps should request this transcript. Those applicants who passed **only** the USMLE Steps must contact the Federation of State Medical Boards as indication in item "F".
- (I) **NBOME Certification.** If the applicant is a Diplomate of the National Board of Osteopathic Medical Examiners (NBOME), applicant must request a transcript to be sent to the Board at: <http://www.nbome.org/exams-assessments/exam-faqs/>.

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- (J) **State Board Examination.** Any applicant who took a state board examination prior to March 1973 must request copies of his/her examination from the state in which he/she took the examination to be sent to the Board.
- (K) **LMCC Certification.** If applicant took the Licentiate of the Medical Council of Canada (LMCC), applicant must request a statement of registration to be sent to the Board at: <https://mcc.ca/examinations>.
- (L) **ABMS/AOA Certification.** If it has been 10 years or more since an applicant has taken a medical licensing examination, the applicant must have current certifications through one of the American Board of Medical Specialties or American Osteopathic Boards. Verification of certification is obtained by the Board. If the Board is unable to verify certification, the applicant will be required to submit this information as primary source.
- (M) **ECFMG Verification.** If the applicant is a graduate of an international medical school, the applicant must request a status report from the ECFMG at: <https://www.ecfm.org/>.
- (N) **Military Records.** If the applicant served in any branch of the military (during or after medical school), the applicant must request a DD-214 Form or its equivalent to be sent to the Board. The Board will accept a notarized copy of the DD-214 Form from the applicant (see notary guide and notary form). If the applicant is active-duty military, applicant must request a letter of standing to be submitted by his or her commanding officer to the Board via email or mail.