

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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Administrative Statement

I, _____, attest that I will not be providing medical or clinical services to or for patients while in possession of an administrative license in the state of Mississippi.

State of _____

County of _____

On this _____ day of _____, 20____, before me personally appeared _____, to me known to be the person(s) described in and who executed foregoing instrument, and acknowledged he/she/they executed the same as his/her/their free act and deed.

_____ Signature of Notarial Officer
Title of Notarial Officer
Commission Expiration Date

Seal: