

TELEPHONE: (601) 987-3079



FAX: (601) 987-4159

**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
CONTROLLED SUBSTANCE PRESCRIPTIVE AUTHORITY APPLICATION
FOR SCHEDULES II THROUGH V**

PHYSICIAN ASSISTANT INFORMATION:

Name:		
MS License #:	Specialty (Field of Practice):	
Primary Practice Location:		DEA Registration Number (if any):
Office Telephone #:	Home Telephone #:	Fax #:

SUPERVISING PHYSICIAN INFORMATION:

Name:		
MS License #:	Specialty (Field of Practice):	
Primary Practice Location:		
Office Telephone #:	Home Telephone #:	Fax #:

CHECK SCHEDULE(S) APPLYING FOR:

<input type="checkbox"/> Schedule II	<input type="checkbox"/> Schedule III	<input type="checkbox"/> Schedule IV	<input type="checkbox"/> Schedule V
--------------------------------------	---------------------------------------	--------------------------------------	-------------------------------------

ATTESTATIONS FOR PRESCRIPTIVE AUTHORITY

(Must be signed by the Supervising Physician and Physician Assistant.)

I Attest That:

- (a) all prescribing activities of the Physician Assistant will comply with all federal and state laws and regulations governing the prescribing of medications, including controlled dangerous substances;
- (b) the Physician Assistant is or will be registered with the U.S. Drug Enforcement Administration (DEA), in compliance with title 21 CFR Part 1301 Food and Drugs;
- (c) the Physician Assistant will, upon receipt of their DEA Controlled Substance Registration, provide the registration number to the Board via the Board's online gateway; and
- (d) the Physician Assistant has completed a Board approved educational program and has attached a copy of the completion certificate hereto.

Physician Assistant (Print)

Physician Assistant(Signature)

Date

Supervising Physician (Print)

Physician (Signature)

Date