

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 physician assistant school, photograph of applicant and birth certificate. The Board shall have a reasonable period of time within which to collect and assimilate all required documents and information necessary to issue a physician assistant license. If, after submitting an application for licensure, 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 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 permanent physician assistant 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 online by going to <http://www.msbnl.ms.gov>. Select "Online Services" under KEY LINKS, and click on "Applicant Services." Questions regarding applications may be directed to aboone@msbnl.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 <http://www.fsmb.org>.

Items submitted by the applicant

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

- (A) **Birth Certificate.** Applicant shall submit a certified copy or notarized (see notary guide) copy 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, etc.)
- (B) **Physician Assistant School Diploma.** Applicant shall submit a copy of original physician assistant school diploma.
- (C) **Driver's License.** Applicant shall submit a copy of current driver's license.
- (D) **Foreign Language Documents.** 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 by a recognized translator. The Board will accept a notarized (see notary guide) copy of certified translation.
- (E) **Affidavit and Perpetual Release Form.** Applicant shall read carefully 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 and each malpractice form that is sent to a hospital or insurance carrier. **The ORIGINAL "Affidavit and Perpetual Release Information" form must be returned to the Mississippi State Board of Medical Licensure.**

- (F) **Photograph.** Applicant must attach a photograph taken within the last sixty (60) days of the date of affidavit. This should be a wallet-size, passport-type photograph attached to the affidavit and release form. Informal snapshots will not be accepted.
- (G) **Background Check Form.** Applicant must complete this form, <http://www.msbml.ms.gov/sites/default/files/Licensure/Physicians%20Assistant/BackgroundMandatoryInfoForm2017.pdf>, in its entirety and return to the Board.
- (H) **Applicant Information Form.** Applicant must complete this form http://www.msbml.ms.gov/sites/default/files/Licensure/Physicians%20Assistant/Applicant_Information_FormPA.pdf, with current practice information. Name should be as you would like it to appear on your Mississippi medical license.
- (I) **Electronic Photograph Guidelines.** This photograph is different from the photograph described in F. Applicant must submit an electronic format picture. See guidelines at <http://www.msbml.ms.gov/sites/default/files/Licensure/Physicians%20Assistant/Picture%20Guidelines.pdf>.
- (J) **Applicant Fingerprints.** Fingerprints can be submitted one of the following ways:
- Two Standard Fingerprint Forms FD-258 may be obtained from the MSBML by submitting an email request to adminassist.LIC@msbml.ms.gov. All requests must include physician's name and address where cards are to be mailed. Forms must then be taken to local law enforcement agency for processing.
 - Some law enforcement agencies will provide the Standard Fingerprint Form FD-258 for processing. Local agencies should be contacted for clarification. Two completed FD-258 forms must be submitted to the MSBML for submission.
 - Livescan prints can be obtained by MSBML staff by scheduled appointment only. Those wanting to submit their prints via the MSBML Livescan System must contact their licensing officer.

Verifications 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 third party. Board policy requires original documents from primary source. Verifications may be returned to the Board via email or U.S. Postal Service. Email is preferable.

- (K) **Appendix A.** Applicant shall send this form to each physician assistant school attended and request the school to forward the completed form to the Board.
- (L) **Appendix B.** Applicant must account for all time since graduation from PA school. All activities following PA school and training must be accounted for. Each activity for the past **five** years must be verified by the institution. Applicant shall send this form to the institution where activities were performed.
- (M) **Appendix C.** Applicant shall make copies from original and forward to each hospital where he/she currently holds or has held staff privileges within the last **five** years. This form will be accepted only if sent directly from the hospital to the Mississippi Board. Do not have the hospital send this form back to you.
- (N) **Appendix D.** Applicant must contact each state in which he/she holds or has held a license to practice as a physician assistant to determine the best method of having licensure certification submitted to the Board. Include temporary, limited, restricted, revoked, active and inactive licenses. Appendix D may be used for

states requiring written requests. The Board also accepts licensure certifications processed through <https://veridoc.org/index.aspx>.

- (O) **NCCPA Examination and Certification.** Applicant must request a score report to be released to the Board at <http://www.nccpa.net/>.
- (P) **Military Records.** If applicant has ever served in any branch of the military, applicant must request a DD214 Form or its equivalent to be sent to the Board at <https://www.archives.gov/veterans/military-service-records>. The Board will accept a notarized (see notary guide) copy of DD214 Form from the applicant.