

## PROTOCOL SUBMISSION PROCESS

Before practicing in Mississippi, a Physician Assistant (PA) must have their practice protocol approved by the Board. An example family practice protocol may be found on the Board's website under "Registration" – "APRN Collaboration" for brainstorming purposes. Additionally, any PA whose protocol requires modification or a change in primary supervisor must also have their protocol approved/re-approved by the Board.

All protocol submissions are accomplished via the [Medical Enforcement and Licensure System \(MELS\) Online Gateway](#). To add, remove, or update supervision information:

### Step 1.

Log-in to the MELS system and click the green box.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

MEDICAL ENFORCEMENT & LICENSURE SYSTEM

Home Applications My Profile Application Requirements

1 Alert Logout

Primary Practice

Phone  
Fax  
Email:

Specialties

Primary: Family Practice  
Secondary: Unknown

DEA Information

Contact Details

Home:  
Work:  
Cell:  
Email:

General Information

This page allows the user to update Primary Practice information, Specialties, and Contact Details, view current licenses and applications, and provides the ability to submit a formal Name Change.

New applications can be started by selecting the desired license type from the [Applications](#) link at the top of the page.

For information regarding a current license or application, click on the panel under the My Licenses section of the page.

Although you may access and process functions on your Gateway using a mobile device, you are likely to have a better user experience by utilizing a PC.

My Licenses/Permits

MD Permanent

License #: [redacted]

Expiration: 06/30/2021

Active

Collaborative Application [redacted]

Updated on 6/23/20  
Expires on 9/21/20

+ Applicant Items

2 Incomplete

Click on license panel above to bring up application history, files, and License Options.

Click the link on the left side which reads “Add/Modify Practices & Collaboration.”

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Add any practice sites necessary and add the physicians affiliated with that practice site. Make sure to list the proper addresses of the physicians such that your file reflects where that physician is while you are practicing at the site you are attaching them to. The “miles” should be the distance the physician’s address you provide is from the location you are attaching them to.

The system does not allow for the editing of supervisor information. You will need to delete the supervisor to change the relationship type or other information. You can edit your practice information which the supervisor is attached to.

Clicking the “Next” button advances the screen to the next part. Clicking the “Save/Exit” button saves your progress to complete later. To avoid possible data loss, as the save feature does not save the information for the current screen you are on – only those screens already completed with a checkmark in the left corner, it is best to complete the submission in one sitting without saving your progress and returning later.

**MISSISSIPPI STATE BOARD  
OF MEDICAL LICENSURE**

MEDICAL ENFORCEMENT & LICENSURE SYSTEM

Home Applications My Profile Application Requirements

[Redacted] 1 Alert Logout

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- Application Start ✓
- Collaboration Information ←
- Verification
- Confirmation

## Practices & Collaboration

### Collaboration Information

Add, modify, or remove Practice information by clicking the appropriate button. Keep in mind that removing a practice which has a collaborating APRN will also remove the collaboration itself.

You may add or remove collaborating APRN's by clicking the appropriate buttons. When adding a collaboration, search for the APRN by keying in a combination of name and/or license number. Then select the desired APRN from the search results list. You will then be able to enter or update the APRN Practice Information.

**Practices**
+ Add Practice

Edit Practice Remove Practice

Practice Type: Primary  
Address: [Redacted]  
  
Office Phone: [Redacted]  
Average hours per week in direct patient care: 40  
Percentage patients insured by Medicaid: 0  
Sliding Fee Scale:  
Urgent Care: Yes  
Inpatient Facility: No  
Employment Type: Other Nongovernmental Employer  
Employment Setting: Free Standing Clinic  
Surgical Level:

Collaborating APRNs
+ Add Collaboration

[Redacted] Remove Collaboration

[Redacted]  
0 miles  
Backup physician

[Redacted] Remove Collaboration

[Redacted]  
15 miles  
Backup physician

[Redacted] Remove Collaboration

[Redacted]

#### Step 4.

Once the application is submitted, you will return to the main page to find certain requirements listed under the green box. If the change involves anything more than adding additional backups, you should submit all documentation required under the primary physician's name only. Additional links to submit documentation will be turned off accordingly at the Board level. If, alternatively, you are adding backup coverage to an already approved practice, you should submit the completed Statement of Responsibility of Backup Physician Form (placed in this guide for convenience) for each physician added by using the "Protocol" upload link. Additional information regarding the requirements may be found by clicking the "+" icon next to the specific requirement, including the controlled substance authority form (also placed in this guide, at the end, for convenience).

**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**

Home Applications My Profile Application Requirements

1 Alert Logout

**Primary Practice**

Phone:  
Fax:  
Email:

**Specialties**

Primary: Family Practice  
Secondary: Unknown

**DEA Information**

**Contact Details**

Home:  
Work:  
Cell:  
Email:

**General Information**

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**My Licenses/Permits**

**MD Permanent**  
License #:   
Expiration: 06/30/2021  
**Active**

**Collaboration Application** Updated on 6/23/20 Expires on 9/21/20

**Applicant Items** 2 Incomplete

Description	Status	Options
Protocol - +	✗ Incomplete	Upload
Extended Mileage Explanation - +	✗ Incomplete	Upload

Once all documentation has been uploaded, and Board staff has reviewed the submissions, the file status will change to "Final Approval." Once approved, you will receive an automated email stating as such.

If you wish to obtain proof of your currently approved relationships, you will find this option after clicking the green box and selecting the option labeled “Current Approved Supervisors.” This can be used however it is needed, such as proof of protocol approval.

The screenshot shows the MSBML Medical Enforcement & Licensure System interface. At the top is a blue header with the MSBML logo and name, and navigation links for Home, Applications, My Profile, and Application Requirements. Below the header is a user profile bar showing a red alert icon and a Logout button. The main content area is divided into two columns. The left column contains 'License Details' and 'License Options'. The 'License Details' section shows the user's type as 'Physician Assistant - Certified', their license number as a redacted black box, an expiration date of 06/30/2021, and a status of 'Active'. The 'License Options' section lists several actions: 'Print Wall Certificate', 'Order Original Wall Certificate', 'Print Wallet Card', 'Add/Modify Practices & Collaboration', and 'Current Approved Supervisors', which is circled in red. The right column contains 'General Information' and 'Application History'. The 'General Information' section explains that 'Applicant Items' are those that must be actioned by the applicant and provides guidance on how to view and complete these items. The 'Application History' section shows a list of applications. The first application is a 'Renewal' application, which is marked as 'Complete' with a green button. The second application is a 'Collaboration' application, which is marked as 'Under Review' with an orange button.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

Medical Enforcement & Licensure System

Home Applications My Profile Application Requirements

1 Alert Logout

Home / Physician Assistant - Certified (#PA00140)

**License Details**

Type: Physician Assistant - Certified  
License #: [Redacted]  
Expiration: 06/30/2021  
Status: Active

**License Options**

- Print Wall Certificate
- Order Original Wall Certificate
- Print Wallet Card
- Add/Modify Practices & Collaboration
- Current Approved Supervisors**

**General Information**

The Applicant Items are those items that must be actioned by the applicant. For any line items that show an Upload button, the applicable document can be uploaded from the applicant's computer. For items without an Upload button, click on the line item to view guidance as to the action needed from the applicant.

The other sections shown are items that MSBML must complete.

For all line items, you can monitor progress of your application by periodically viewing the item list. Those items which have been verified will show as Green and Complete.

**Application History**

Icon	Type	Status
[Icon]	Renewal	Complete
[Icon]	Collaboration	Under Review

The documentation will be submitted to the Board's review panel, which consists of the Executive Director and a couple of Board members, who will review the documentation and then decide to approve or deny the requested relationship(s). If denied, the PA may appeal the decision via the indicated appeal process.

Once all documentation is submitted, the process usually takes less than a week, but can take longer depending on outside factors (e.g., holidays, staff absences, etc.).

To avoid staffing and patient care problems, please do not schedule patients until your protocol has been approved. The Board will not alter the approval process to accommodate work schedules.

**STATEMENT OF RESPONSIBILITY OF BACKUP PHYSICIAN**

I hereby certify that I have reviewed the current rules and regulations of the Mississippi State Board of Medical Licensure (the "Board") pertaining to physician assistants and understand my responsibilities as a backup physician. I understand that, in the event the supervising physician is absent or otherwise unavailable, I am responsible for the medical services rendered by the physician assistant, as outlined in the approved protocol (the "protocol") on file with the Board. By my signature on this statement, I also certify that I have reviewed and agree to all terms within said protocol.

_____ Print Name	_____ Physician Signature	_____ Date
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_____ Print Name	_____ Physician Assistant Signature	_____ Date
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**SWORN** to before me and subscribed in my presence this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public



TELEPHONE: (601) 987-3079



FAX: (601) 987-4159

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

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**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
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### **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