



MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
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Criminal Background Check

Mandatory Information

FULL NAME:	
DATE OF BIRTH (CCYYMMDD):	PLACE OF BIRTH:
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	RACE: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other - Specify: _____
HEIGHT (feet and inches):	WEIGHT (pounds):
EYE COLOR: <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Green <input type="checkbox"/> Hazel	HAIR COLOR: <input type="checkbox"/> Black <input type="checkbox"/> Blond or Strawberry <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Gray or Partially Gray <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Pink <input type="checkbox"/> Purple <input type="checkbox"/> Red or Auburn <input type="checkbox"/> Sandy <input type="checkbox"/> White

I certify that all of the information supplied above is true and correct to the best of my knowledge. I am aware that this information will be used in the submission of my fingerprints to the Federal Bureau of Investigations (FBI).

Signature

Date