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MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

Dear Applicant:

Thank you for your interest in becoming a licensed professional within the State of Mississippi. Before you submit your application, we would like to make you aware of a few facts regarding criminal conduct, convictions, and disciplinary action in other states.

The duty of the Mississippi State Board of Medical Licensure is to protect the public through effective licensure and enforcement. One way the Board safeguards the public is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensure process - and depending on the specific applications - the Board will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the Board will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain a privilege is to be completely honest on your licensure application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More importantly, avoid some of the common excuses we have heard from people who failed to disclose, such as:

My attorney told me I didn't have to disclose the criminal conduct or disciplinary actions.

I didn't think the prior conduct had anything to do with the profession.

I didn't think the disciplinary action, arrest, charges, or convictions was still on my record.

I didn't think it was subject to disclosure because I received a deferred sentence/judgement or the conviction was expunged.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify the Board about subsequent convictions and disciplinary actions in other states.

The Board conducts searches on several national databases. This allows the Board to verify the truthfulness of your application and track subsequent and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

Sincerely,

Mississippi State Board of Medical Licensure

(A) Questions 1-26. The questions on pages one and two of the application must be completed by the applicant. Please either type or print these pages. If there is an affirmative answer for questions 6-23, please explain in detail on a separate sheet.

(B) Section I. Applicant must list name as appears at each current practice location. Number 1 should be your "Current" practice location (where you spend the majority of your practice time.) Number 2 should be your "Intended" Mississippi practice location. Numbers 3 & 4 may be used for additional practice locations.

(C) Section II. Applicant must list dates, name and addresses of the school(s) where Baccalaureate and/or Masters degree was received. An official copy of education transcript must be sent directly from the school(s) to the Mississippi State Board of Medical Licensure.

(D) Section III. Applicant must list dates, name, and addresses of the school(s) where radiologist assistant education was received. Appendix A must be submitted to the school where education was received. School must complete Appendix A and submit directly to the Mississippi State Board of Medical Licensure.

(E) Section IV. Applicant must list two radiologist (other than family members) licensed in the United States or Canada with whom he/she has worked or trained within the last two years.

(F) Section V. Applicant must account for all time since completion of radiologist assistant education. The intentional failure to cover any time period shall constitute falsification which is grounds for denial of the application. Appendix B must be submitted to institution where activities were performed. Institution must complete Appendix B and submit directly to the Mississippi State Board of Medical Licensure.

(G) Section VI. Applicant must list all hospitals where privileges have been held. Appendix C must be submitted to each hospital where privileges have been held. Each hospital must complete and return Appendix C directly to the Mississippi State Board of Medical Licensure.

(H) Section VII. Applicant must list all states where he/she has been licensed or applied for a license, whether application was granted or denied, withdrawn or left incomplete. Appendix D must be submitted to each state where he/she has been licensed or applied for a license, whether application was granted or denied, withdrawn or left incomplete. Each state must certify and return Appendix D directly to the Mississippi State Board of Medical Licensure.

(I) Section VIII. Applicant must list dates and results of radiologist assistant examination provided by the ARRT.

(J) Section IX. Applicant must list malpractice insurance carriers from whom he/she has obtained medical malpractice liability insurance. Appendix E must be submitted to each malpractice insurance carrier. Each insurance carrier must complete and return Appendix E directly to the Mississippi State Board of Medical Licensure.

(K) Photograph. Applicant must attach a photograph taken within the last sixty (60) days of the date of application. This should be a wallet-size, passport-type photograph attached to the application. Computer generated or informal snapshots will not be accepted.

(L) Section X. Applicant shall read carefully the oath of the truthfulness of information supplied in this application and the releases which give consent to release information to and from the Board. Applicant shall execute the application and have notarized(see enclosed Notary Guide).

Duplicate as many copies of each appendix as you need.

(M) Appendix A. Applicant shall send this form to each radiologist assistant education program attended and request the radiologist assistant program to forward the completed form to the Board. This form will be accepted only if sent directly from the radiologist assistant school to the Board. Do not have the school send this form back to you.

(N) Appendix B. Applicant must account for all time since graduation from radiologist assistant school. All activities following radiologist assistant school must be accounted for. Each activity must be verified by the institution. Applicant shall send this form to the institution where activities were performed. This form will be accepted only if sent directly from the institution to the Board. Do not have the institution send

this form back to you.

(O) Appendix C. Applicant shall make copies from original and forward to each hospital where he/she holds or has held staff privileges. 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.

(P) Appendix D. Applicant must complete top portion and forward one to each state in which he/she holds or has held a license to practice as a radiologist assistant. Include temporary, limited, restricted, revoked, active and inactive licenses. This form will be accepted only if sent directly from the state board to the Mississippi Board. Do not have the state board send this form back to you.

(Q) Appendix E. Applicant shall send this form to each insurance company where he/she has or has had medical malpractice insurance. Pending malpractice insurance is not needed. This form will be accepted only if sent directly from the insurance company to the Mississippi Board. Do not have the insurance company send this form back to you.

(R) Appendix F. Applicant must sign and have notarized the "Authorization to Release Information" 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 "Authorization to Release Information" form must be returned to the Mississippi State Board of Medical Licensure.

(S) Request Pertaining to Military Records Form. If applicant has ever served in any branch of the military, applicant must go to <http://orderdd214.com/> to request DD Form 214 or equivalent to be sent to this office.

(T) Physician Supervision of Radiologist Assistant Practice Registration Forms. These forms must be completed and returned with application for licensure.

(U) Birth Certificate. Applicant shall submit a certified copy or notarized (see notary guide) copy of original birth certificate or passport.

(V) Radiologist Assistant School Diploma. Applicant shall submit a copy of original radiologist assistant school diploma.

(W) Registration as a Radiologist Technologist. Applicant shall submit a notarized copy of current and unencumbered registration as a radiologic technologist with the Mississippi State Department of Health.

(X) ACLS Certificate. Applicant shall submit a notarized copy of current certification in advanced cardiac life support.

(Y) English Translation. 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.

(Z) Name Change. 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.)

(AA) Application Fees. Applicant must submit check or money order made payable to the MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE in the amount of \$500.00 with completed application form.

NO FOREIGN CHECKS OR MONEY ORDERS WILL BE ACCEPTED.

A \$25.00 FEE WILL BE CHARGED FOR ALL RETURNED CHECKS.

NOTE* INFORMATION PERTAINING TO APPLICATION OF RADIOLOGIST ASSISTANT LICENSE IS GIVEN TO THE APPLICANT ONLY. PLEASE DO NOT ALLOW OTHERS TO CONTACT THIS AGENCY ON YOUR BEHALF. POWER OF ATTORNEY WILL NOT BE ACCEPTED.**

MEMORANDUMS CONTAINING DOCUMENTS MISSING FROM APPLICANT'S FILE WILL BE MAILED OUT WEEKLY.

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 letters of recommendation, certification of graduation from medical school, photograph of applicant, internship certificate 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 medical license. If, after submitting an application for medical license, 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, certifications, and references. Additionally, if after one year from the date of receipt of application, applicant has not received a medical 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, certifications, and references. Under no circumstances will the one year time limit be waived.