



**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**  
**EMERGENCY LICENSE ATTESTATION FORM**  
*FOR PHYSICIANS NOT CURRENTLY LICENSED IN MISSISSIPPI*

**That** I, \_\_\_\_\_, certify that I am a physician holding an unrestricted license to practice medicine in the State of \_\_\_\_\_, under medical license number \_\_\_\_\_. My personal information is as follows:

Phone Number: \_\_\_\_\_ Last Four Digits of Social: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Med School Graduation Year: \_\_\_\_\_ NPI: \_\_\_\_\_

Degree: \_\_\_\_\_

**That**, by way of my signature, I also certify that I am not aware of any investigation into my practice of medicine, nor am I currently subject to any disciplinary proceedings.

**That** I have patients in the State of Mississippi that would be at increased risk of contraction and/or transmission of COVID-19 if they are required to travel for follow-up visits.

**That** I request that, during this State of Emergency as set forth in Governor Tate Reeves' Proclamation dated March 14, 2020, I be allowed to practice telemedicine into the State of Mississippi in order to treat my established patients without having to obtain a license to practice medicine within Mississippi.

**That**, further, I have read and understand the Proclamation as set forth by the Board and dated March 15, 2020, and I agree to the terms and conditions as set forth in said Proclamation.

**SIGNED AND ATTESTED**, this the \_\_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
**Physician Signature**