

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 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.

Questions regarding applications should be directed to the licensing professionals at the following email addresses. If last name begins with:

A-F: licofficer1@msbml.ms.gov

G-N: licofficer3@msbml.ms.gov

O-Z: licofficer2@msbml.ms.gov

- (A) **Questions 1-25.** Questions 1-25 must be completed by the applicant. Please either type or print this page. If there is an affirmative answer for questions 7-25, please explain in detail on a separate sheet.
- (B) **Section I.** Applicant must list medical education and give dates and addresses.
- (C) **Section II.** Applicant must account for the time since graduation from medical school. The intentional failure to cover any time period shall constitute falsification which is grounds for denial of the application.
- (D) **Section III.** Applicant must list all states where applicant has been licensed or applied for a license whether application was granted or denied, withdrawn or left incomplete.
- (E) **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 application. Informal snapshots, colored paper photos or computer generated photos will not be accepted.
- (F) **Section IV.** Applicant shall read carefully the oath of the truthfulness of information supplied in this section which gives consent to release information to and from the Board. Applicant must sign and notarize (see notary guide) this section.
- (G) **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.

Verifications requested by the applicant

Duplicate as many copies of each appendix as you need. Primary source verifications are required. These verifications will be accepted only if sent directly from the institution to the Board. Do not have the institutions send verifications back to the applicant. Board policy requires original documents from primary source. Verifications may be returned to the Board via U.S. Postal Service or email. International medical schools must return via mail; emails from out of the country and faxes are not acceptable.

- (A) **Appendix A.** Applicant shall send this form to each medical school attended and request the medical school to forward the completed form to the Board.
- (B) **Appendix B.** Applicant must account for all time since graduation from medical school. All activities following medical school and training must be accounted for. Each activity must be verified by the institution. Applicant shall send this form to the institution where activities were performed.
- (C) **Appendix C.** Applicant must complete top portion and forward one to each state in which he/she holds or has held a license to practice medicine. Include temporary, limited, restricted, revoked, active and inactive licenses.