

**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**  
 CYPRESS RIDGE BUILDING • 1867 CRANE RIDGE DRIVE, SUITE 200-B • JACKSON, MS 39216  
 (601) 987-3079  
 WWW.MSBML.MS.GOV

**FAX NOT ACCEPTABLE**

**APPENDIX C**

STATE MEDICAL BOARD LICENSURE CERTIFICATION

|                             |  |
|-----------------------------|--|
| Name of State Medical Board |  |
| State Medical Board Address |  |
| City, State, Zip            |  |

|                   |  |
|-------------------|--|
| Name of Applicant |  |
| Applicant Address |  |
| City, State, Zip  |  |

|                   |  |                 |  |
|-------------------|--|-----------------|--|
| Medical License # |  | Current Status  |  |
| Area of Specialty |  | Type of License |  |
| Issue Date        |  | Expiration Date |  |

|                |  |             |  |             |  |             |
|----------------|--|-------------|--|-------------|--|-------------|
| Licensure Base |  | Endorsement |  | Reciprocity |  | State Board |
|                |  | NBME        |  | FLEX        |  | USMLE       |
|                |  | LMCC        |  | Combination |  | NBOME       |

|  |
|--|
| Has applicant's license ever been suspended, revoked or had restrictions imposed? (If yes, please attach documents.) |
| Is applicant currently under investigation for any reason? (If yes, please explain.)                                 |

|                                  |  |                |  |
|----------------------------------|--|----------------|--|
| Signature of Certifying Official |  |                |  |
| Title                            |  | Signature Date |  |
| Email address                    |  | Telephone No.  |  |

**INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:**

Please fill in all applicable spaces and return to the Mississippi State Board of Medical Licensure at the above address or email a PDF format to certification@msbml.ms.gov. Do not send this certification back to the applicant as the Board will not consider the certification unless it is received directly from the institution. Board policy requires original documents from primary source. A fax is not acceptable.