

- (A) **General Information.** Lines 1-8 must be either typed or printed.
- (B) **Affidavit Questions.** Questions 1-23 must be completed by the applicant. If there is an affirmative answer for questions 1-23, a detailed explanation must be attached.
- (C) **Section I.** Applicant must list name and address of residency program in which applicant will be training.
- (D) **Section II.** Applicant must list medical education and give dates and complete addresses of institutions.
- (E) **Section III.** Applicant must list all training undertaken since graduation from medical school and give dates and complete addresses of institutions. Specify specialty program, i.e. family practice, OB/GYN, anesthesiology, etc.
- (F) **Section IV.** Applicant must account for all time since graduation from medical school. All activities following medical school must be accounted for. The intentional failure to disclose any time period shall constitute falsification which is grounds for denial of the application.
- (G) **Section V.** Applicant must list all hospitals where applicant has held staff privileges. Post-graduate training sites should not be listed.
- (H) **Section VI.** Applicant must list all states where licensed to practice medicine. Include temporary, limited, restricted, revoked, active and inactive licenses.
- (I) **Section VII.** Applicant must list dates and scores of licensing examination taken. If dates and scores are unknown, indicate which examination was taken.
- (J) **Section VIII.** Applicant shall read carefully the oath of the truthfulness of information supplied in this application and the release which gives consent to release information to and from the Board. Applicant shall execute the application and have notarized (see enclosed Notary Guide).
- (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. Informal snapshots, colored paper photos or computer generated photos will not be accepted. All applications not meeting the photo requirement will be returned.
- (L) **Birth Certificate.** Applicant shall submit a certified copy or notarized (see Notary Guide) copy of original birth certificate or passport. 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 (certified copy of legal name change, marriage certificate, divorce decree, etc.)
- (M) **Medical School Diploma.** Applicant shall submit a copy of original medical school diploma.
- (N) 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.

Duplicate as many copies of each appendix as you need.

(O) **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. This form will be accepted only if sent directly from the medical school to the Board. Do not have the school send this form back to you.

(P) **Appendix B.** If applicable, applicant shall send this form to the institution where he/she completed his/her internship, residency and/or fellowship and request the institution to forward the completed form to the Board. 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.

(Q) **Appendix C.** Applicant must account for all time since graduation from medical school. All activities following medical 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.

(R) **Appendix D.** 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.

(S) **Appendix E.** If applicable, 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. 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.

(T) **Examination and Board Action History Report.** If applicant took the FLEX, SPEX, or USMLE, applicant must request a transcript from the Federation of State Medical Boards at <http://www.fsmb.org/transcripts.html>.

(U) **NBME Certification.** If applicant took the NBME, applicant must request a transcript from the National Board of Medical Examiners at <http://www.nbme.org/programs-services/medical-students/certifications-transcripts.html>.

(V) **NBOME Certification.** If applicant took the NBOME, applicant must request a transcript from the National Board of Osteopathic Medical Examiners at <http://www.nbome.com/>.

(W) **Licentiate of the Medical Council of Canada (LMCC) Certification.** If applicant took the LMCC, applicant must request a statement of registration at <http://www.mcc.ca/english/registration/statements.html>.

(X) **ECFMG Certification.** If applicant has an ECFMG Certificate, applicant must request certification verification from the Educational Commission for Foreign Medical Graduates at <https://cvsonline2.ecfmg.org/>.

(Y) **Military Records.** If applicant has ever served in any branch of the military, applicant must request a DD Form 214 or its equivalent at <http://www.archives.gov/veterans/military-service-records/get-service-records.html>.

(Z) **Application Fees.** Applicant must submit check or money order made payable to the MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE in the amount of \$50.00.

NO FOREIGN CHECKS OR MONEY ORDERS WILL BE ACCEPTED. A \$50.00 FEE WILL BE CHARGED FOR ALL RETURNED CHECKS.

IMPORTANT

Information pertaining to application of medical 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 emailed to the email address submitted on application.

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 certification 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, and certifications. 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, and certifications. Under no circumstances will the one year time limit be waived.