

## VOLUNTEER LICENSE ACKNOWLEDGMENT

I, \_\_\_\_\_, acknowledge that I will be exclusively and totally devoted to providing medical care to needy and indigent persons in Mississippi or persons in medically underserved areas in Mississippi; and

I, \_\_\_\_\_, acknowledge that I will not receive any payment or compensation, either direct or indirect, or have the expectation of any payment or compensation, for any medical services rendered under the special volunteer medical license.

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

\_\_\_\_\_  
Date

Sworn to and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Seal

\_\_\_\_\_  
This form is to be signed, dated, notarized, and returned to the offices of the Mississippi State Board of Medical Licensure before volunteer medical license will be issued.