

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

REQUEST FOR DUPLICATE WALL CERTIFICATE

\$100 FEE REQUIRED

Completed form can be submitted to the following address:
 Mississippi State Board of Medical Licensure
 1867 Crane Ridge Drive, Suite 200-B
 Jackson, MS 39216



If wall certificate was lost or stolen, a lost/stolen report must be filed with the police department and a certified copy of report submitted with request.

Practitioner Name			
License No.		Date of Birth	
DEA No.		NPI No.	
Email Address			
Mailing Address (This is where your new wall certificate will be mailed.)		Telephone (h)	
		Telephone (w)	
		Telephone (c)	
Give full details regarding loss of original wall certificate and the date license was lost or destroyed in the space provided below. If stolen, a police report must be submitted with request.			

I, _____, certify after being duly sworn, that all of the information supplied in the Mississippi State Board of Medical Licensure's Request for Duplicate Wall Certificate is true and correct to the best of my knowledge, that the photograph submitted herein is a true likeness of myself and was taken within sixty (60) days prior to the date of this request. I acknowledge that any false or untrue statement or representation made in the request may result in the revocation of any license to practice medicine granted to me and criminal prosecution to the fullest extent of the law.

Practitioner Signature		Date	
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County of _____

State of _____

SWORN to and subscribed before me this _____ day of _____, in the year of _____.

Notary Public

My Commission Expires: _____

Attach a Passport-Type
Photograph
Taken Within 60 Days.
**Informal Snapshots
Will Not Be Accepted.**

(SEAL)