

BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
March 22, 2023

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday March 22, 2023, in Hinds County, Jackson, Mississippi.

THE FOLLOWING MEMBERS WERE PRESENT:

David W. McClendon, Jr., M.D., Ocean Springs, President
Michelle Y. Owens, M.D., Jackson, Vice President
C. Kenneth Lippincott, M.D., Tupelo, Secretary
Kirk L. Kinard, D.O., Oxford
Thomas Joiner, M.D., Jackson
H. Allen Gersh, M.D., Hattiesburg
Roderick Givens, M.D., Natchez
Renia Dotson, M.D., Greenville
William E. Loper, M.D., Ridgeland
Wesley Breland, Hattiesburg, Consumer Member
Shoba Gaymes, Jackson, Consumer Member

ALSO PRESENT:

Paul Barnes, Board Attorney, Complaint Counsel
Stan T. Ingram, Co-Complaint Counsel for the Board
Alexis Morris, Special Assistant Attorney General
Kristen Love, Special Assistant Attorney General
Kenneth Cleveland, Executive Director
Mike Lucius, Deputy Director
Anna Boone, Director of Licensure Division
Jackie McKenzie, Legal Assistant
Ken Slay, Interim IT Director
Kristin Wallace, Clinical Director of Physician Compliance
Jonathan Dalton, Director of Investigations
Frances Carrillo, Executive Assistant

NOT PRESENT:

Major General (Ret.) Erik Hearon, Jackson, Consumer Member

The meeting was called to order at 11:00 am, by Dr. McClendon, President. The invocation was given by Dr. Gersh, and the pledge was led by Dr. Loper.

Dr. McClendon introduced Kristen Love, Special Assistant Attorney General, Alexis Morris, Special Assistant Attorney General who will serve as the Board's Hearing Officer, and Shanna Cumberland, Court Reporter with Brown Court Reporting.

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Dr. Cleveland recognized Ms. Arlene Davis, for 28 years, with the Board as the IT Director. Dr. Cleveland read and presented to Ms. Davis a Resolution of Appreciation.

A copy of the Resolution Appreciation is attached and incorporated by reference.

Executive Director Report

Dr. Cleveland provided an updated summary regarding Licensure and Investigative Division operations for the months of January and February 2023.

Report of March 23, 2022, Executive Committee Meeting

Dr. Lippincott reported on the matters discussed by the Executive Committee on March 22, 2022, and the recommendations made.

A motion was made by Dr. Owens, seconded by Dr. Joiner, and carried, to accept the report and ratify the recommendations as reported by the Executive Committee.

Review and Approval of Minutes of the Board Meeting dated January 19, 2023.

Upon review of the minutes of the Board Meeting dated January 19, 2023, Dr. Lippincott moved for approval of the minutes as submitted. Dr. Kinard seconded the motion and it carried unanimously.

Scope of Practice - Dr. Kinard (Chair), Dr. Gersh, Dr. McClendon, Dr. Givens, Dr. Dotson, Mr. Breland, Ms. Gaymes

Dr. Kinard advised there was no new information to report.

Professionals Health Program - Dr. Lippincott (Chair), Dr. Gersh, Dr. Joiner, Dr. Loper, Maj Gen Hearon, Ms. Gaymes

Dr Lippincott advised there was no new information to report.

Telemedicine I Interstate Licensure Compact – Dr. Givens (Chair), Dr. Miles, Dr. Kinard, Dr. Lippincott, Dr. Dotson, Maj Gen Hearon, Mr. Lucius

Dr. Givens advised there was no new information to report.

Licensees Education and Communication - Dr. Owens (Chair), Dr. Gersh, Dr. Kinard, Dr. Joiner, Dr. Lippincott, Mr. Breland, Ms. Gaymes, Mr. Lucius

Dr Owens advised there was no new information to report.

Physician Assistant Advisory Task Force - Dr. Owens (Chair), Dr. Kinard, Mr. Jonathan Dalton, Maj Gen Hearon, Joanna Mason, PA-C, Tristen Harris, PA-C,

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Stephen English, PA-C, Steve Martin, PA-C, Deb Munsell, PA-C, Vanessa Perniciaro, PA-C

Dr Owens advised there was no new information to report.

Rules, Regulation & Legislative - Dr. Joiner (Chair), Dr. Gersh, Dr. Loper, Dr. Owens, Dr. Lippincott, Mr. Breland

Dr. Joiner reported the Rules, Regulation & Legislative Committee is recommending that the Board approve proposed changes to the following regulations:

1. Part 2601 Chapter 1: Licensure Rules Governing the Practice of Allopathic Physicians, Osteopathic Physicians, Podiatrists, Physician Assistants, Radiologist Assistants and Acupuncturists
2. Part 2601 Chapter 2: Effect of Application
3. Part 2605 Chapter 2: Licensure Requirements for the Practice of Podiatrists
4. Rule 2.1 | Licensure by Credentials
5. Part 2605 Chapter 1: Licensure Requirements for the Practice of Allopathic Doctors and Osteopathic Physicians
6. Rule 1.1 | Licensure by Credentials
7. Part 2605 Chapter 3: Temporary Licensure
8. Rule 3.1 | Temporary Licensure
9. Rule 1.5 Use of Diet Medication

Dr Joiner briefly reviewed the proposed language of the regulations and after discussion, a motion was made by Dr. Owens, seconded by Dr. Dotson to accept the proposed changes of the above listed regulations except Rule 1.5, Use of Diet Medication and it carried unanimously.

After review, Dr. Owens moved to accept and pass the amendment to Rule 1.5, Use of Diet Medication on an emergency basis, seconded by Dr. Kinard and it carried unanimously, at the request of the Executive Director, the Board then unanimously approved an exception to Rule 1.5 for Semaglutide medications.

Copies of the regulations are attached hereto and incorporated by reference.

PERSONAL APPEARANCE BY CLAUDE BRUNSON, M.D. MISSISSIPPI MEDICAL ASSOCIATION, EXECUTIVE DIRECTOR

Dr. Brunson presented a request that the Board increase funding for the Mississippi Physician Health Program in advocating and providing services of Mississippi State Board of Medical Licensure Licensees.

Mr. Barnes requested that a member of the Board move to enter closed session to consider whether to enter executive session.

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Dr. Lippincott moved to close the meeting to consider whether to go into executive session on this matter seconded by Dr. Givens and carried.

Upon a motion by Dr. Owens, seconded by Dr. Kinard, and carried, the Board came out of executive session at which time Dr. McClendon asked Dr. Lippincott to report on its decision. Dr. Lippincott reported that it was the Board's decision to approve the request for the additional \$100,000.00 in funding for the Mississippi Physician Health Program as a one-time allocation.

THE BOARD RECESSED FOR LUNCH AT 1:36 PM AND RECONVENED AT 2:30 PM

For Informational Purposes

Jared L. Spicer, D.P.M., Oxford, MS, Mississippi Podiatric License 80225,
Surrender of Podiatric License effective February 2, 2023.

Carey C. Williams, D.P.M., Oxford, MS, Mississippi Podiatric License 80172,
Surrender of Podiatric License effective February 16, 2023

Mr. Barnes briefly summarized the circumstances of Dr. Spicer and Williams having been convicted and / or pled guilty to healthcare fraud.

Tammy M. Brown, M.D., Collinsville, MS, Mississippi Medical License 13886,
Surrender of Medical License.

Mr. Barnes advised that Dr. Brown surrendered her Mississippi medical license effective March 6, 2023.

A copy of the Surrender of License is attached hereto and incorporated by reference.

**HEARING IN THE CASE OF STEPHEN D. SUDDERTH, M.D., VICKSBURG, MS
MISSISSIPPI MEDICAL LICENSE 17597**

Mr. Barnes advised Dr. Sudderth's attorney had requested for a continuance in this matter.

A motion was made by Dr. Joiner, seconded by Dr. Owens, and carried unanimously to accept the motion for a continuance.

A copy of the Order of Continuance is attached hereto and incorporated by reference.

**HEARING IN THE CASE OF MICHAEL L. SANDERS, M.D., RIDGELAND, MS
MISSISSIPPI MEDICAL LICENSE 15970**

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Mr. Barnes advised Dr. Sanders' attorney to request a continuance in this matter.

A motion was made by Dr. Loper, seconded by Dr. Owens, and carried unanimously to accept the motion for a continuance.

A copy of the Order of Continuance is attached hereto and incorporated by reference.

**HEARING IN THE CASE OF MASSIE HEADLEY, M.D., BRANDON, MS
MISSISSIPPI MEDICAL LICENSE 18856**

Mr. Barnes advised Dr. Headley's attorney had submitted a request for a continuance on this matter.

A motion was made by Dr. Owens, seconded by Dr. Loper, and carried unanimously to accept the motion for a continuance.

A copy of the Order of Continuance is attached hereto and incorporated by reference.

**APPROVAL OF CONSENT ORDER FOR ROBERT STEARS, M.D.
MISSISSIPPI MEDICAL LICENSE 27527**

Mr. Barnes briefly summarized the circumstances leading to the Consent Order.

This is based on a mirror action, Dr. Stears is not present and agreed to the terms of this Consent Order. Mr. Barnes briefly summarized the circumstances leading to this action by the Wisconsin Medical Board issuing a Reprimand.

A motion was made by Dr. Joiner, seconded by Dr. Givens, and carried unanimously to approve the Consent Order.

A copy of the Order is attached hereto and incorporated by reference.

**APPROVAL OF CONSENT ORDER FOR NATHAN E. SMITH, M.D.
MISSISSIPPI MEDICAL LICENSE 28864**

Mr. Barnes briefly summarized the circumstances leading to the Consent Order.

Mr. Barnes briefly summarized the circumstances leading to this action by the Tennessee Medical Board issuing a Reprimand.

A motion was made by Dr. Loper, seconded by Dr. Owens, and carried unanimously to approve the Consent Order.

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A copy of the Order is attached hereto and incorporated by reference.

**PETITION FOR REINSTATEMENT OF JAMES LEONARD WOOTTON, III, M.D.,
BROOKHAVEN, MS, MISSISSIPPI MEDICAL LICENSE 25172**

Mr. Barnes introduced Dr. Wootton and his attorney Mr. Whit Johnson.

Mr. Johnson advised this is a petition for a reinstatement with terms and conditions of Dr. Wootton's medical license with a practice plan moving to Colorado. Mr. Johnson briefly summarized the case leading to a Consent Order. Mr. Johnson requested to amend Dr. Wootton's petition for reinstatement to include possibly moving to Alabama with the same practice plan submitted for Colorado.

Dr. Wootton was sworn in by the court reporter.

Dr. Wootton was called to the witness stand and Dr. Wootton answered questions from Mr. Johnson, Mr. Barnes, and the Board.

A motion was made by Dr. Loper, seconded by Dr. Kinard, and carried unanimously to approve Dr. Wootton's petition and issue him a restricted license.

A copy of the Order is attached hereto and incorporated by reference.

The official account of this proceeding was recorded by Shanna Cumberland, Court Reporter, Brown Court Reporting, Inc.

**PETITION TO LIFT RESTRICTIONS OF MATTHEW JONES, M.D., LAUREL, MS
MISSISSIPPI MEDICAL LICENSE 17025**

Mr. Barnes introduced Dr. Jones and his attorney Ms. Julie Mitchell. Mr. Barnes provided the Board with a brief summary of this matter and advised that Dr. Jones' petition is for approval to lift the restriction regarding collaborating with Nurse Practitioners and / or Physician Assistant.

Ms. Mitchell advised of Dr. Jones' compliance with the requirements of the May 20, 2021, Consent Order, and his plan to return to unrestricted practice.

Dr. Jones was sworn in by the court reporter.

Dr. Jones was called to the witness stand and Dr. Jones answered questions from the Board.

Mr. Barnes advised that the Compliance Officer had received confirmation that Dr. Jones had completed all of the requirements of his Consent Order.

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After discussion, a motion was made by Dr. Dotson, seconded by Dr. Givens and carried to grant the request of Dr. Jones. Dr. Jones now holds a fully unrestricted Mississippi medical license.

A copy of the Order is attached hereto and incorporated by reference.

The official account of this proceeding was recorded by Shanna Cumberland, Court Reporter, Brown Court Reporting, Inc.

**APPROVAL OF CONSENT ORDER FOR LATANIA AKERS-WHITE, M.D.
MISSISSIPPI MEDICAL LICENSE 27966**

Mr. Barnes briefly summarized the circumstances leading to the Consent Order issuing a Reprimand with terms and conditions. This is based on a mirror action by the Virginia and North Carolina Medical Board regarding prescribing controlled substance violations.

A motion was made by Dr. Loper, seconded by Dr. Kinard, and carried unanimously to approve the Consent Order.

A copy of the Order is attached hereto and incorporated by reference.

**HEARING IN THE CASE OF SATYASEELAN PACKIANATHAN, M.D.
MISSISSIPPI MEDICAL LICENSE 20845**

Mr. Barnes briefly summarized this matter which resulted in Dr. Packianathan executing a Surrender of Medical License. Mr. Barnes advised this was a formal report to be recorded in the minutes of the Board.

A copy of the Surrender of Medical License is attached hereto and incorporated by reference.

**ORAL ARGUMENT ON PETITION FOR CLARIFICATION REGINALD D. RIGSBY,
M.D., MADISON MS, MISSISSIPPI MEDICAL LICENSE 10623**

Petition had been withdrawn.

**PURSUANT TO MS CODE §73-25-27, INVESTIGATIVE SUBPOENA FOR
APPROVAL, CASE NUMBER 2023-062.**

A motion was made by Dr. Owens, seconded by Dr. Kinard, and carried that the Board meeting be closed to discuss whether to enter into executive session for the purpose of approving investigative subpoenas for case number 2023-062. (Agenda Item 19)

A motion was made by Dr. Owens, seconded by Dr. Loper, and carried that the Board enter executive session for the purpose of discussing whether to issue subpoenas regarding investigations of alleged misconduct and violations of the statutes and regulations governing the practice of medicine in Case 2023-062.

Upon a motion by Dr. Owens, seconded by Dr. Kinard and carried unanimously, the Board came out of executive session. It was reported that the Board unanimously authorized the issuance of investigative subpoenas in Case number 2023-062. Pursuant to Miss. Code § 73-25-27, the Executive Director of the Board is hereby authorized to issue the aforementioned investigative subpoena and this authorization shall be deemed an order entered on the minutes of the Board.

Pursuant to MS Code § 73-25-61 A matter for Review and discussion to be held in executive session due to material being exempt from the public records act.

Mr. Barnes advised that the Licensee's attorney had requested a continuance until the May board meeting in this matter.

A motion was made by Dr. Owens, seconded by Dr. Joiner, and carried unanimously to approve the continuance.

MAY 2023 BOARD MEETING DATES

The next regularly scheduled meeting of the board is set for Wednesday, May 17, 2023, and Thursday, May 18, 2023.

ADJOURNMENT

There being no further business, the meeting is adjourned at 3:30 p.m.


William David McClendon, Jr., M.D.
President

Minutes taken and transcribed.
By Frances Carrillo
Staff Officer
March 22, 2023

BOARD MEETING AGENDA
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
March 22 & 23, 2023, 9:00 am

1. Meeting called to order.
2. Invocation, Pledge
3. Announcements and Public Comments – Arlene Davis Resolution
4. Executive Director Report.
5. Approval of Minutes of the Board Meeting dated January 19, 2023.
6. Report of March 22, 2023, Executive Committee Meeting.
7. Reports from Committees
 1. Scope of Practice: Dr. Kinard (Chair), Dr. Gersh, Dr. McClendon, Dr. Givens, Dr. Dotson, Mr. Breland, Ms. Gaymes
 2. Professionals Health Program: Dr. Lippincott (Chair), Dr. Gersh, Dr. Joiner, Dr. Loper, Maj Gen Hearon, Ms. Gaymes
 3. Telemedicine I Interstate Licensure Compact: Dr. Givens (Chair), Dr. Kinard, Dr. Lippincott, , Dr. Dotson, Maj Gen Hearon, Mr. Lucius
 4. Licensees Education and Communication: Dr. Owens (Chair), Dr. Gersh, Dr. Kinard, Dr. Joiner, Dr. Lippincott, Mr. Breland, Ms. Gaymes, Mr. Lucius
 5. Physician Assistant Advisory Task Force: Dr. Owens (Chair), Dr. Kinard, Mr. Jonathan Dalton, Maj Gen Hearon, Joanna Mason, PA-C, Tristen Harris, PA-C, Stephen English, PA-C, Steve Martin, PA-C, Deb Munsell, PA-C, Vanessa Perniciaro, PA-C
 6. Rules, Regulation & Legislative: Dr. Joiner (Chair), Dr. Gersh, Dr. Loper, Dr. Owens, Dr. Lippincott, Mr. Breland
08. Claude Brunson, M.D., Mississippi Medical Association, Executive Director, Presentation
09. Neville Dossabhoy, M.D., UMMC Nephrology
Dispensing Investigational Medication
10. For Informational Purposes:
Jared L. Spicer, D.P.M., Oxford, MS
Mississippi Podiatric License 80225
Surrender of Podiatric License dated February 2, 2023

Carey C. Williams, D.P.M., Oxford, MS
Mississippi Podiatric License 80172
Surrender of Podiatric License dated February 16, 2023

Tammy M. Brown, M.D., Collinsville, MS
Mississippi Medical License 13886
Surrender of Medical License dated March 6, 2023

11. Hearing in the Case of Stephen D. Sudderth, M.D., Vicksburg, MS
Mississippi Medical License 17597
12. Hearing in the Case of Michael L. Sanders, M.D., Ridgeland, MS
Mississippi Medical License 15970
13. Hearing in the Case of Massie Headley, M.D., Brandon, MS
Mississippi Medical License 18856
14. Robert Stears, M.D.
Mississippi Medical License 27527
Approval of Consent Order
15. Nathan E. Smith, M.D.
Mississippi Medical License 28864
Approval of Consent Order
16. Petition for Reinstatement of James Leonard Wootton, III, M.D., Brookhaven, MS
Mississippi Medical License
17. Petition to lift restrictions of Matthew Jones, M.D., Laurel, MS
Mississippi Medical License 17025
18. Hearing in the Case of Satyaseelan Packianathan, M.D.
Mississippi Medical License 20845
19. Pursuant to MS Code §73-25-27, Investigative Subpoena for approval, Case Number: 2023-062. This is a matter for review and discussion to be held in executive session due to material being exempt from the public records act.
20. Pursuant to MS Code §73-25-61 A matter for Review and discussion to be held in executive session due to material being exempt from the public records act.
21. Oral Argument on Petition for Clarification Reginald D. Rigsby, M.D., Madison MS,
Mississippi Medical License 10623
22. May Board Meeting Dates, Wednesday, May 17, 2023 and Thursday, May 18, 2023.

Resolution of Appreciation

WHEREAS, Arlene Davis, faithfully and conscientiously served the Mississippi State Board of Medical Licensure as the Director of Information Technology for twenty-eight years; and

WHEREAS, Ms. Davis discharged her duties with firmness, dignity, and compassion, always striving to implement both the spirit and letter of the Mississippi Medical Practice Act, thereby working for the greater benefit of the Board and citizens of the State of Mississippi; and

WHEREAS, during her years of service Ms. Davis continually and graciously gave her efforts, time and abilities toward fulfilling her responsibilities as the Director of IT for the Board, always respecting the rights of licensees, patients and others, while performing her duties;

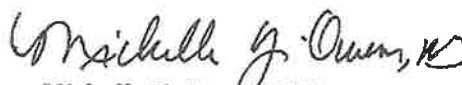
THEREFORE, BE IT RESOLVED, that the Mississippi State Board of Medical Licensure, on behalf of the Board and the people of the State of Mississippi, by means of this resolution, express to Ms. Davis its gratitude and appreciation for her services during the years she devoted to the Board and the State of Mississippi; and

BE IT FURTHER RESOLVED that a copy of this resolution be spread upon the minutes of the Board and a copy be given to Ms. Davis expressing to her the highest esteem of the Board.

DATED, this the 23rd day of **March, 2023**.



William D. McClendon, Jr., M.D.
President



Michelle Y. Owens, M.D.
Vice President



C. Ken Lippincott, M.D.
Secretary



Kirk L. Kinard, D.O.
Board Member



Allen Gersh, M.D.
Board Member




Thomas E. Joiner, M.D.
Board Member



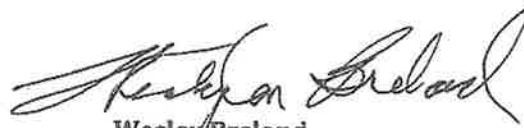
Roderick Givens, M.D.
Board Member



Renia R. Dotson, M.D.
Board Member



William E. Loper, III, M.D.
Board Member



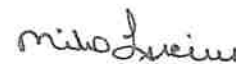
Wesley Breland
Consumer Member



Shoba Gaymes
Consumer Member



Attest:
Kenneth Cleveland, M.D.
Executive Director



Mike Lucius
Deputy Director

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

Rules, Regulation & Legislative Committee

March 17, 2023 at 1:30 pm

Rules, Regulation & Legislative Committee Dr. Joiner (Chair) Dr. Owens, Dr. Lippincott, Dr. Gersh, Dr. Loper, Mr. Breland

Regulation for review and discussion: Note- underlined text = proposed language

1. **Part 2601** Chapter 1: Licensure Rules Governing the Practice of Allopathic Physicians, Osteopathic Physicians, Podiatrists, Physician Assistants, Radiologist Assistants and Acupuncturists

2. **Part 2601** Chapter 2: Effect of Application

3. **Part 2605** Chapter 1: Licensure Requirements for the Practice of Allopathic Doctors and Osteopathic Physicians

4. **Part 2605** Chapter 2: Licensure Requirements for the Practice of Podiatrists

5. **Part 2605** Chapter 3: Temporary Licensure

6. **Rule 1.5 Use of Diet Medication.**

Part 2601 Chapter 1: Licensure Rules Governing the Practice of Allopathic Physicians, Osteopathic Physicians, Podiatrists, Physician Assistants, Radiologist Assistants and Acupuncturists

Rule 1.1 | Scope

These rules apply to all applicants for licensure to practice allopathic medicine, osteopathic medicine, podiatric medicine, or acupuncture in the state of Mississippi and to all individuals practicing allopathic medicine, osteopathic medicine, podiatric medicine, or acupuncture within the state whether licensed or unlicensed.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Rule 1.2 | Definitions

For the purpose of these rules, the following terms have the meanings indicated:

- A. “Board” means the Mississippi State Board of Medical Licensure.
- B. “Physician” means any person with a valid doctor of medicine, doctor of osteopathy or doctor of podiatry degree.
- C. “LCME” means the Liaison Committee on Medical Education, the organization recognized by the American Medical Association for accrediting American medical schools.
- D. “ACGME” means Accreditation Council of Graduate Medical Education.
- E. “RCPSC” means Royal College of Physicians and Surgeons of Canada.
- F. “CCFP” means College of Family Physicians of Canada.
- G. “ABMS” means American Board of Medical Specialties.
- H. “AMA” means the American Medical Association.
- I. “FSMB” means the Federation of State Medical Boards.
- J. “FLEX” means the Federation Licensing Examination administered through the FSMB.
- K. “NBME” means National Board of Medical Examiners.
- L. “USMLE” means United States Medical Licensing Examination administered jointly through the FSMB and NBME.
- M. “SPEX” means the Special Purpose Examination administered through the FSMB.
- N. “NBOME” means the National Board of Osteopathic Medical Examiners.
- O. “COMLEX” means the Comprehensive Osteopathic Medical Licensing Examination administered through the NBOME.
- P. “COMVEX” means the Comprehensive Osteopathic Medical Variable-Purpose Examination administered through the NBOME.
- Q. “AOA” means American Osteopathic Association.
- R. “LMCC” means Licentiate of the Medical Council of Canada.
- S. “APMA” means American Podiatric Medical Association.
- T. “ABPM” means American Board of Podiatric Medicine.
- U. “ABPS” means American Board of Podiatric Surgery.
- V. “FPMB” means Federation of Podiatric Medical Boards.
- W. “CPME” means Council on Podiatric Medical Education.

- X. “NBPME” means National Board of Podiatric Medical Examiners.
- Y. “APMLE” means American Podiatric Medical Licensing Examination administered through the NBPME.
- Z. “NPDB” means National Practitioner Data Bank.
- AA. “ECFMG” means the Education Commission for Foreign Medical Graduates.
- BB. “Foreign Medical School” means any medical college or college of osteopathic medicine located outside the United States, Canada or Puerto Rico.
- CC. “IMED” means International Medical Education Directory.
- DD. “Good Moral Character” as applied to an applicant, means that the applicant has not, prior to or during the pendency of an application to the Board, been guilty of any act, omission, condition or circumstance which would provide legal cause under Sections 73-25-29 or 73-25-83, Mississippi Code, for the suspension or revocation of medical licensure.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Rule 1.3 | Duty to Obtain License

Any physician, physician assistant, radiologist assistant or acupuncturist desiring to practice in this state must first obtain a license to do so by completing an application for licensure and submitting all requested documentation to the Board.

A physician, physician assistant, radiologist assistant or acupuncturist who is participating in or who has participated in an impaired professionals program as approved by the Board must document a two-year period of abstinence from any abusive use of mood-altering drugs, which shall include, but not be limited to, alcohol and all substances listed in Schedules I through V of the Uniform Controlled Substances Law, Mississippi Code, from the date of completion of the program before he or she is eligible for a permanent license to practice medicine, podiatry or acupuncture in Mississippi.

Prior to the issuance of, or reinstatement of a license, any physician, physician assistant, radiologist assistant or acupuncturist who has not actively practiced for a three (3) year period shall be required to participate in a Board approved assessment program, clinical skills assessment program or re-entry program to assure post-licensure competency.

A physician, physician assistant, radiologist assistant, or acupuncturist shall be deemed to have not “actively” practiced medicine if during said three (3) year period the physician, physician assistant, radiologist assistant or acupuncturist has not treated any patients for remuneration, other than friends and family.

Amended April 15, 1999. Amended May 17, 2007. Amended March 15, 2017.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Part 2601 Chapter 1: Licensure Rules Governing the Practice of Allopathic Physicians, Osteopathic Physicians, Podiatrists, Physician Assistants, Radiologist Assistants and Acupuncturists

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- F. “CCFP” means College of Family Physicians of Canada.
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- J. “FLEX” means the Federation Licensing Examination administered through the FSMB.
- K. “NBME” means National Board of Medical Examiners.
- L. “USMLE” means United States Medical Licensing Examination administered jointly through the FSMB and NBME.
- M. “SPEX” means the Special Purpose Examination administered through the FSMB.
- N. “NBOME” means the National Board of Osteopathic Medical Examiners.
- O. “COMLEX” means the Comprehensive Osteopathic Medical Licensing Examination administered through the NBOME.
- P. “COMVEX” means the Comprehensive Osteopathic Medical Variable-Purpose Examination administered through the NBOME.
- Q. “AOA” means American Osteopathic Association.
- R. “LMCC” means Licentiate of the Medical Council of Canada.
- S. “APMA” means American Podiatric Medical Association.
- T. “ABPM” means American Board of Podiatric Medicine.
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Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Rule 1.3 | Duty to Obtain License

Any physician, physician assistant, radiologist assistant or acupuncturist desiring to practice in this state must first obtain a license to do so by completing an application for licensure and submitting all requested documentation to the Board.

A physician, physician assistant, radiologist assistant or acupuncturist who is participating in or who has participated in an impaired professionals program as approved by the Board must document a two-year period of abstinence from any abusive use of mood-altering drugs, which shall include, but not be limited to, alcohol and all substances listed in Schedules I through V of the Uniform Controlled Substances Law, Mississippi Code, from the date of completion of the program before he or she is eligible for a permanent license to practice medicine, podiatry or acupuncture in Mississippi.

Prior to the issuance of, or reinstatement of a license, any physician, physician assistant, radiologist assistant or acupuncturist who has not actively practiced for a three (3) year period shall be required to participate in a Board approved assessment program, clinical skills assessment program or re-entry program to assure post-licensure competency.

A physician, physician assistant, radiologist assistant, or acupuncturist shall be deemed to have not “actively” practiced medicine if during said three (3) year period the physician, physician assistant, radiologist assistant or acupuncturist has not treated any patients for remuneration, other than friends and family.

~~The preceding three paragraphs exclude those physicians, physician assistants, radiologist assistants or acupuncturists who perform charity work or work in research.~~

Amended April 15, 1999. Amended May 17, 2007. Amended March 15, 2017.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Part 2601 Chapter 2: Effect of Application

Rule 2.1 | Effect of Application

The submission of an application for licensing to the Board shall constitute and operate as an authorization by the applicant to each educational institution at which the applicant has matriculated; each state or federal agency to which the applicant has applied for any license, permit, certificate or registration; each person, firm, corporation, clinic, office or institution by whom or with whom the applicant has been employed in the practice of medicine; each physician or other health care practitioner whom the applicant has consulted or seen for diagnosis or treatment and each professional organization or specialty board to which the applicant has applied for membership, to disclose and release to the Board any and all information and documentation concerning the applicant which the Board deems material to consideration of the application. With respect to any such information or documentation, the submission of an application for licensing to the Board shall equally constitute and operate as a consent by the applicant to disclosure and release of such information and documentation and as a waiver by the applicant of any privilege or right of confidentiality which the applicant would otherwise possess with respect thereto.

By submission of an application for licensing to the Board, an applicant shall be deemed to have given his or her consent to submit to physical or mental examinations if, when and in the manner so directed by the Board and to waive all objections as to the admissibility or disclosure of findings, reports or recommendations pertaining thereto on the grounds of privileges provided by law. The expense of any such examination shall be borne by the applicant.

The submission of an application for licensing to the Board shall constitute and operate as an authorization and consent by the applicant to the Board to disclose and release any information or documentation set forth in or submitted with the applicant's application or obtained by the Board from other persons, firms, corporations, associations or governmental entities pursuant to Part 2601, Chapter 2, Rule 2.1 paragraphs 1 and 2, to any person, firm, corporation, association or governmental entity having a lawful, legitimate and reasonable need therefore, including, without limitation, the medical licensing authority of any state; The FSMB; the AMA and any component state and county or parish medical society, including the Mississippi State Medical Association and component societies thereof; the AOA and any component state and county or parish osteopathic medical society, including the Mississippi Osteopathic Medical Association and component societies thereof; the U.S. Drug Enforcement Administration; the Mississippi State Bureau of Narcotics; federal, state, county or municipal health and law enforcement agencies and the Armed Services. It is the intent and purpose of this rule to authorize release of only that licensure information not prohibited from release under Section 73-52-1, Mississippi Code.

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.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Part 2601 Chapter 2: Effect of Application

Rule 2.1 | Effect of Application

The submission of an application for licensing to the Board shall constitute and operate as an authorization by the applicant to each educational institution at which the applicant has matriculated; each state or federal agency to which the applicant has applied for any license, permit, certificate or registration; each person, firm, corporation, clinic, office or institution by whom or with whom the applicant has been employed in the practice of medicine; each physician or other health care practitioner whom the applicant has consulted or seen for diagnosis or treatment and each professional organization or specialty board to which the applicant has applied for membership, to disclose and release to the Board any and all information and documentation concerning the applicant which the Board deems material to consideration of the application. With respect to any such information or documentation, the submission of an application for licensing to the Board shall equally constitute and operate as a consent by the applicant to disclosure and release of such information and documentation and as a waiver by the applicant of any privilege or right of confidentiality which the applicant would otherwise possess with respect thereto.

By submission of an application for licensing to the Board, an applicant shall be deemed to have given his or her consent to submit to physical or mental examinations if, when and in the manner so directed by the Board and to waive all objections as to the admissibility or disclosure of findings, reports or recommendations pertaining thereto on the grounds of privileges provided by law. The expense of any such examination shall be borne by the applicant.

The submission of an application for licensing to the Board shall constitute and operate as an authorization and consent by the applicant to the Board to disclose and release any information or documentation set forth in or submitted with the applicant's application or obtained by the Board from other persons, firms, corporations, associations or governmental entities pursuant to Part 2601, Chapter 2, Rule 2.1 paragraphs 1 and 2, to any person, firm, corporation, association or governmental entity having a lawful, legitimate and reasonable need therefore, including, without limitation, the medical licensing authority of any state; The FSMB; the AMA and any component state and county or parish medical society, including the Mississippi State Medical Association and component societies thereof; the AOA and any component state and county or parish osteopathic medical society, including the Mississippi Osteopathic Medical Association and component societies thereof; the U.S. Drug Enforcement Administration; the Mississippi State Bureau of Narcotics; federal, state, county or municipal health and law enforcement agencies and the Armed Services. It is the intent and purpose of this rule to authorize release of only that licensure information not prohibited from release under Section 73-52-1, Mississippi Code.

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.~~

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Part 2605 Chapter 1: Licensure Requirements for the Practice of Allopathic Doctors and Osteopathic Physicians

Rule 1.1 | Licensure by Credentials

The licensure requirements for licensure by credentials are as follows:

- A. Applicant must be twenty-one (21) years of age and of good moral character.
- B. Present a diploma from a reputable medical college or college of osteopathic medicine, subject to the following conditions:
 1. If the degree is from a medical college or a college of osteopathic medicine in the United States or Puerto Rico, the medical college must be accredited at the time of graduation by the LCME, a Joint Committee of the Association of American Medical Colleges (AAMC) and the AMA or the College of Osteopathic Medicine which must be accredited by the AOA.
 2. If the degree is from a Canadian medical school, the school must be accredited at the time of graduation by the LCME and by the Committee on Accreditation for Canadian Medical Schools.
 3. If the degree is from an international medical school, the medical school must be in the World Directory of Medical Schools or its equivalent. A graduate from an international medical school must either (i) possess a valid certificate from the ECFMG or (ii) document successful completion of a Fifth Pathway program and be currently board certified by a specialty board recognized by the ABMS. The Board will accept for licensure only those individuals completing Fifth Pathway Programs by December 31, 2009. Credentialing via Fifth Pathway Programs will be considered on an individual basis.
 4. Any diploma or other 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.
- C. If a graduate from a medical college or college of osteopathic medicine in the United States, Canada or Puerto Rico, applicant must present documentation of having completed at least one (1) year of postgraduate training in the United States accredited by the ACGME or by the AOA; or training in Canada accredited by the RCPSC or CCFP.
- D. Applicants who graduated from an international medical school must present documentation of having completed either:
 1. three (3) or more years of ACGME-approved postgraduate training in the United States or training in Canada approved by the RCPSC or CCFP; or
 2. one (1) year of ACGME-approved postgraduate training in the United States or training in Canada approved by the RCPSC or CCFP, be currently board certified by a specialty board recognized by the ABMS and must have approval by the Board or Executive Director.
- E. An applicant who otherwise possesses all of the qualifications for licensure by credentials, but has not taken a medical proficiency examination or licensure examination

within ten (10) years prior to filing his or her application, must pass the SPEX or COMVEX*, unless the applicant:

1. Submits satisfactory proof of current certification by an ABMS and participating in Maintenance of Certification (MOC) or AOA approved specialty board and participating in Osteopathic Continuous Certification (OCC); or
 2. Submits proof that the applicant's sole purpose for seeking licensure is to serve as the Dean, Chairman of the Department or Faculty of an ACGME or AOA approved training program. In such case, a license shall remain in effect so long as licensee is a member of the faculty of the ACGME or AOA approved training program.
- F. Submit certified copy of either (i) a birth certificate or (ii) a valid passport.
- G. Submit certified copy of legal name change, if applicable.
- H. Complete an application for medical license and submit it to the Board in a manner prescribed by the Board with a recent passport type photograph.
- I. Submit fee prescribed by the Board.
- J. Submit fingerprints for state and national criminal history background checks.

Adopted September 13, 1979; amended July 1, 1981; amended January 24, 1985; amended July 29, 1985; amended July 17, 1986; amended August 18, 1986; amended November 19, 1987; amended April 19, 1988; amended October 25, 1993; amended February 16, 2000; amended March 8, 2007; amended January 24, 2008; amended March 13, 2009; amended September 17, 2009; amended October 13, 2009; and amended March 20, 2015.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Rule 1.2 | Waiver

Notwithstanding the above requirements for Licensure by Credentials in Rule 1.1, the Board may, upon written request by the physician and after review of all relevant factors, choose to waive any or all of the existing requirements for licensure. To be considered for a waiver, the physician must:

- A. be a graduate of an approved medical school;
- B. have a current unrestricted license in another state; and
- C. have at least 3 years of clinical experience in the area of expertise.

In determining whether to grant the waiver, factors to be considered by the Board shall include, but not be limited to:

- A. the medical school from which the physician graduated and its reputation;

* SPEX (SPECIAL PURPOSE EXAMINATION) is a cognitive examination assisting licensing jurisdictions in their assessment of current competence requisite for general, undifferentiated medical practice by physicians who hold or have held a valid license in a U.S. jurisdiction. SPEX is made available through the Federation of State Medical Boards.

COMVEX-USA (COMPREHENSIVE OSTEOPATHIC MEDICAL VARIABLE EXAMINATION) is the evaluative instrument offered to osteopathic physicians who need to demonstrate current osteopathic medical knowledge. COMVEX-USA is made available through the National Board of Osteopathic Medical Examiners.

- B. post-graduate medical education training;
- C. appointment to a clinical academic position at a licensed medical school in the United States;
- D. publication in peer-reviewed clinical medical journals recognized by the Board;
- E. the number of years in clinical practice;
- F. specialty, if the physician plans to practice in Mississippi; and
- G. other criteria demonstrating expertise, such as awards or other recognition.

Requests for waivers must be submitted in writing to the Executive Director of the Board, who will then review each request with a committee appointed by the president of the Board, taking into account the above factors. The committee shall consist of the Executive Director and two voting members of the Board. Recommendations from the committee shall be presented to the Board for approval.

Adopted April 28, 2015.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended).*

Rule 1.3 | Licensure Examinations

The Board recognizes four (4) separate and distinct examinations: The examinations administered by the NBME, NBOME (COMLEX), FLEX and USMLE. The Board's requirements for the purpose of licensure is as follows:

A. FLEX

An applicant had seven (7) years to pass both components of the FLEX.

B. USMLE

Steps 1, 2 and 3 must be passed within a seven-year time period beginning when the examinee passes his or her first Step. The Board, at its discretion, may waive this requirement based on extraordinary circumstances. The Board encourages all applicants to take Step 3 of the USMLE as soon as possible following receipt of the M.D. or D.O. degree.

C. NBME or NBOME

NBME and NBOME examinations are administered in three (3) parts, Parts I, II and III, and must be passed within a seven-year time period beginning when the examinee passes his or her first Part.

D. EXAM COMBINATIONS

Now that the FLEX and examinations administered by the NBME have been phased out, the Board will accept passing scores for the following combinations of the FLEX, NBME and USMLE examinations:

EXAMINATION SEQUENCE	ACCEPTABLE COMBINATIONS
NBME Part I <i>plus</i> NBME Part II <i>plus</i> NBME Part III	NBME Part I or USMLE Step 1 <i>plus</i> NBME Part II or USMLE Step 2 <i>plus</i> NBME Part III or USMLE Step 3
FLEX Component I <i>plus</i> FLEX Component II	FLEX Component I <i>plus</i> USMLE Step 3 <i>or</i> NBME Part I or USMLE Step 1 <i>plus</i> NBME Part II or USMLE Step 2 <i>plus</i> FLEX Component II
USMLE Step 1 <i>plus</i> USMLE Step 2 <i>plus</i> USMLE Step 3	

Amended January 20, 1994; amended March 16, 1995; amended August 8, 1997; amended January 18, 2001; amended September 22, 2006; amended March 8, 2007; amended May 17, 2007; amended March 19, 2015; and amended March 16, 2017.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Rule 1.4 | Licensure via the Interstate Medical Licensure Compact – Supplemental Information

Miss. Code Ann. §73-25-101 *et seq* establishes Mississippi’s participation in the Interstate Medical Licensure Compact (IMLC). In addition to the requirements set forth in this section, in conjunction with other requirements set forth in IMLC rules and policies, applicants for licensure under the IMLC are required to timely answer and provide any supplemental applications, questions, or other information requested by the Board in relation to the application for licensure via the IMLC.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Part 2605 Chapter 1: Licensure Requirements for the Practice of Allopathic Doctors and Osteopathic Physicians

Rule 1.1 | Licensure by Credentials

~~The Board endorses licenses to practice medicine obtained in most states by written examination prior to March 8, 1973. Subject to the provisions of Part 2605, Rule 1.2, all applicants for medical licensure who took the FLEX between March 8, 1973, and January 24, 1985, must have passed the FLEX taken in one three-day sitting with a weighted average of 75 or higher in order to obtain licensure in Mississippi. The Board will not accept scores of more than one administration of the FLEX which have been combined (factored) to provide a FLEX weighted average of 75 or higher. From and after January 24, 1985, an applicant for medical licensure by reciprocity must have passed both Components I and II of the FLEX with a score of 75 to be considered the passing grade for each component. From and after June 1994, the Board shall endorse licenses to practice medicine from applicants who have successfully taken Steps 1, 2 and 3 of the USMLE.~~

~~Those doctors of osteopathic medicine who graduated prior to June 1, 1973, will be considered only if they took and passed the same written licensure examination given in that state at that time to graduates of medical schools. A statement to this effect must be submitted to this Board from that licensing board.—~~

~~The Board may endorse Diplomates of the NBME; the NBOME (COMLEX), if examination completed on or after February 13, 1973, or licentiates of the Medical Council of Canada.~~

~~The Board may consider licensure to a graduate of an international medical school who was licensed in another state by written examination prior to March 8, 1973, if he or she is certified by a board recognized by the ABMS.~~

~~In addition to the above The licensure requirements for licensure by credentials, an individual shall meet the following requirements are as follows:~~

- A. Applicant must be twenty-one (21) years of age and of good moral character.
- B. Present a diploma from a reputable medical college or college of osteopathic medicine, subject to the following conditions:
 1. If the degree is from a medical college or a college of osteopathic medicine in the United States or Puerto Rico, the medical college must be accredited at the time of graduation by the LCME, a Joint Committee of the Association of American Medical Colleges (AAMC) and the AMA or the College of Osteopathic Medicine which must be accredited by the AOA.
 2. If the degree is from a Canadian medical school, the school must be accredited at the time of graduation by the LCME and by the Committee on Accreditation for Canadian Medical Schools.
 3. If the degree is from an international medical school, the medical school must be in the World Directory of Medical Schools or its equivalent. A graduate from an international medical school must either (i) possess a valid certificate from the ECFMG or (ii) document successful completion of a Fifth Pathway program and be currently board certified by a specialty board recognized by the ABMS. The Board will accept for licensure only those individuals completing Fifth Pathway Programs by December 31, 2009. Credentialing via Fifth Pathway Programs will be considered on an individual basis.
 4. Any diploma or other 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.

- C. If a graduate from a medical college or college of osteopathic medicine in the United States, Canada or Puerto Rico, applicant must present documentation of having completed at least one (1) year of postgraduate training in the United States accredited by the ACGME or by the AOA; or training in Canada accredited by the RCPSC or CCFP.
- D. Applicants who graduated from an international medical school must present documentation of having completed either:
 - 1. three (3) or more years of ACGME-approved postgraduate training in the United States or training in Canada approved by the RCPSC or CCFP; or
 - 2. one (1) year of ACGME-approved postgraduate training in the United States or training in Canada approved by the RCPSC or CCFP, be currently board certified by a specialty board recognized by the ABMS and must have approval by the Board or Executive Director.
- E. An applicant who otherwise possesses all of the qualifications for licensure by credentials, but has not taken a medical proficiency examination or licensure examination within ten (10) years prior to filing his or her application, must pass the SPEX or COMVEX*, unless the applicant:
 - 1. Submits satisfactory proof of current certification by an ABMS and participating in Maintenance of Certification (MOC) or AOA approved specialty board and participating in Osteopathic Continuous Certification (OCC); or
 - 2. Submits proof that the applicant's sole purpose for seeking licensure is to serve as the Dean, Chairman of the Department or Faculty of an ACGME or AOA approved training program. In such case, a license shall remain in effect so long as licensee is a member of the faculty of the ACGME or AOA approved training program.
- F. Submit certified copy of either (i) a birth certificate or (ii) a valid passport.
- G. Submit certified copy of legal name change, if applicable.
- H. Complete an application for medical license and submit it to the Board in a manner prescribed by the Board with a recent passport type photograph.
- I. Submit fee prescribed by the Board.
- J. Submit fingerprints for state and national criminal history background checks.

Adopted September 13, 1979; amended July 1, 1981; amended January 24, 1985; amended July 29, 1985; amended July 17, 1986; amended August 18, 1986; amended November 19, 1987; amended April 19, 1988; amended October 25, 1993; amended February 16, 2000; amended March 8, 2007; amended January 24, 2008; amended March 13, 2009; amended September 17, 2009; amended October 13, 2009; and amended March 20, 2015.

* SPEX (SPECIAL PURPOSE EXAMINATION) is a cognitive examination assisting licensing jurisdictions in their assessment of current competence requisite for general, undifferentiated medical practice by physicians who hold or have held a valid license in a U.S. jurisdiction. SPEX is made available through the Federation of State Medical Boards.

COMVEX-USA (COMPREHENSIVE OSTEOPATHIC MEDICAL VARIABLE EXAMINATION) is the evaluative instrument offered to osteopathic physicians who need to demonstrate current osteopathic medical knowledge. COMVEX-USA is made available through the National Board of Osteopathic Medical Examiners.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.2 | Waiver

Notwithstanding the above requirements for Licensure by Credentials in Rule 1.1, the Board may, upon written request by the physician and after review of all relevant factors, choose to waive any or all of the existing requirements for licensure. To be considered for a waiver, the physician must:

- A. be a graduate of an approved medical school;
- B. have a current unrestricted license in another state; and
- C. have at least 3 years of clinical experience in the area of expertise.

In determining whether to grant the waiver, factors to be considered by the Board shall include, but not be limited to:

- A. the medical school from which the physician graduated and its reputation;
- B. post-graduate medical education training;
- C. appointment to a clinical academic position at a licensed medical school in the United States;
- D. publication in peer-reviewed clinical medical journals recognized by the Board;
- E. the number of years in clinical practice;
- F. specialty, if the physician plans to practice in Mississippi; and
- G. other criteria demonstrating expertise, such as awards or other recognition.

Requests for waivers must be submitted in writing to the Executive Director of the Board, who will then review each request with a committee appointed by the president of the Board, taking into account the above factors. The committee shall consist of the Executive Director, ~~a staff employee of the Board,~~ and two voting members of the Board. Recommendations from the committee shall be presented to the Board for approval.

Adopted April 28, 2015.

Source: *Miss. Code Ann. §73-43-11 (1972, as amended)*.

Rule 1.3 | Licensure Examinations

The Board recognizes four (4) separate and distinct examinations, ~~to wit:~~ The examinations administered by the NBME, NBOME (COMLEX), FLEX and USMLE. ~~The Board adopted the FLEX as a method of licensure by examination on March 8, 1973. Prior to this date, the Board administered a written examination and endorsed licenses to practice medicine or osteopathic medicine obtained in most states by written examination. A separate discussion of each examination and this~~ The Board's requirements for the purpose of licensure is as follows:

A. FLEX

1. ~~The Board adopted the FLEX as the method of licensure by examination on March 8, 1973. The last regular administration of the FLEX was December 1993. The Board will recognize FLEX as a valid medical licensing examination subject to all requirements heretofore and hereinafter set forth.~~
2. ~~Prior to January 24, 1985, the FLEX examination was divided into three components:~~

~~Day I – Basic Science~~

~~Day II – Clinical Science~~

Day III – Clinical Competence

In order to pass this examination, each applicant must have obtained a FLEX weighted average of 75 with Day I given a value of 1/6 of the entire examination, Day II given a value of 2/6, and Day III given a value of 3/6. 1. The Board may make an exemption to the weighted average of 75 if the applicant has completed an approved residency program and is currently certified by a specialty board recognized by the ABMS or the AOA.

After January 24, 1985, the Board approved administration of a new FLEX examination with a different design from that administered since 1973. This examination was a three-day examination, and was comprised of two components. Component I consisted of one and one-half (1½) days and judged the readiness of a physician to practice medicine in a supervised setting. Component II consisted of one and one-half (1½) days and judged the readiness of a physician to practice independently. 2. A score of 75 is considered a passing grade for each component.

3. An applicant had seven (7) years in which to pass both components of the FLEX.

B. USMLE

1. The USMLE is a three-step examination for medical licensure in the United States and is sponsored by the FSMB and NBME. The Board adopted the USMLE as an additional method of licensure by examination on September 16, 1993. The USMLE replaced FLEX and the NBME certification examinations during a phase-in period from 1992 to 1994. Unlike the three-day (two-component) FLEX, USMLE is a three-step examination that consists of three two-day examinations, Step 1, Step 2, and Step 3. Each step is complementary to the other; no step can stand alone in the assessment of readiness for medical licensure. The clinical skills examination is a separately administered component of Step 2 and is referred to as Step 2 Clinical Skills, or Step 2 CS. Unlike the FLEX, which was taken upon or after graduation from medical school most applicants will take Step 1 and 2 of the USMLE during their medical school years. Step 3 will be taken after graduation.

2. USMLE Steps 1, 2 and 3 must be passed within a seven-year time period beginning when the examinee passes his or her first Step. The Board, at its discretion, may waive this requirement based on extraordinary circumstances. The Board encourages all applicants to take Step 3 of the USMLE as soon as possible following receipt of the M.D. or D.O. degree.

C. NBME or NBOME

The Board recognizes diplomates of the NBME and on or after February 13, 1973, diplomates of the NBOME (COMLEX). Both NBME and NBOME examinations are administered in three (3) parts, Parts I, II and III and must be passed within a seven-year time period beginning when the examinee passes his or her first Part.

D. EXAM COMBINATIONS

Now that the FLEX and examinations administered by the NBME have been phased out, The Board will accept passing scores for the following combinations of the FLEX, NBME and USMLE examinations:

EXAMINATION SEQUENCE	ACCEPTABLE COMBINATIONS
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NBME Part I <i>plus</i> NBME Part II <i>plus</i> NBME Part III	NBME Part I or USMLE Step 1 <i>plus</i> NBME Part II or USMLE Step 2 <i>plus</i> NBME Part III or USMLE Step 3
FLEX Component I <i>plus</i> FLEX Component II	FLEX Component I <i>plus</i> USMLE Step 3 <i>or</i> NBME Part I or USMLE Step 1 <i>plus</i> NBME Part II or USMLE Step 2 <i>plus</i> FLEX Component II
USMLE Step 1 <i>plus</i> USMLE Step 2 <i>plus</i> USMLE Step 3	

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Amended January 20, 1994; amended March 16, 1995; amended August 8, 1997; amended January 18, 2001; amended September 22, 2006; amended March 8, 2007; amended May 17, 2007; amended March 19, 2015; and amended March 16, 2017.

Rule 1.4 | Licensure via the Interstate Medical Licensure Compact – Supplemental Information

Miss. Code Ann. §73-25-101 *et seq* establishes Mississippi’s participation in the Interstate Medical Licensure Compact (IMLC). In addition to the requirements set forth in this section, in conjunction with other requirements set forth in IMLC rules and policies, applicants for licensure under the IMLC are required to timely answer and provide any supplemental applications, questions, or other information requested by the Board in relation to the application for licensure via the IMLC.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Part 2605 Chapter 2: Licensure Requirements for the Practice of Podiatrists

Rule 2.1 | Licensure by Credentials

If the original license of an applicant was obtained by state board examination, the applicant must have the state board where original license was obtained by written examination submit a certified copy of the examination directly to the Board.

The Board may grant licenses to Diplomates of the NBPME. If a Diplomate of the NBPME, the applicant must have certification of endorsement from that Board submitted directly to the Board. Applicants graduating podiatry school on or after January 1, 2010, must take and pass all three (3) parts of the APMLE.

In addition to the above, an individual shall meet the following requirements:

- A. Applicant must be twenty-one (21) years of age, and of good moral character.
- B. Applicant must have had at least four (4) years high school and be graduate of same; he or she shall have at least one (1) year pre-podiatry college education.
- C. Present a diploma from a college of podiatric medicine recognized by the Board as being in good standing, subject to the following conditions.
 1. Any diploma or other 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.
 2. No college of podiatry or chiropody shall be accredited by the Board as a college of good standing which does not require for graduation a course of study of at least four (4) years (eight and one-half [8½] months each) and be accredited by the CPME at the time of graduation.
- D. Present proof of completion of one (1) year of APMA-approved postgraduate training in the U.S. or Canada. If the podiatrist graduated from an accredited college of podiatric medicine prior to 1990, has continuously practiced for the past ten (10) years and has held unrestricted license(s) to practice podiatry, the one (1) year of APMA-approved postgraduate training may be waived at the Board's discretion.
- E. Submit certified copy of birth certificate or valid passport.
- F. Submit a certified copy of legal name change, if applicable.
- G. Complete an application for podiatry license and submit it to the Board in the manner prescribed by the Board with a recent passport type photograph.
- H. Submit fee prescribed by the Board.
- I. Submit fingerprints for state and national criminal history background checks.

Amended November 19, 1987; amended February 19, 2003; amended March 8, 2007; amended May 17, 2007; amended January 24, 2008; amended November 20, 2008; amended March 20, 2015; amended November 13, 2015; and amended March 16, 2017.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Part 2605 Chapter 2: Licensure Requirements for the Practice of Podiatrists

Rule 2.1 | Licensure by Credentials

If the original license of an applicant was obtained by state board examination, the applicant must have the state board where original license was obtained by written examination submit a certified copy of the examination directly to the Board.

The Board may grant licenses to Diplomates of the NBPME. If a Diplomate of the NBPME, the applicant must have certification of endorsement from that Board submitted directly to the Board. Applicants graduating podiatry school on or after January 1, 2010, must take and pass all three (3) parts of the APMLE.

In addition to the above, an individual shall meet the following requirements:

- A. Applicant must be twenty-one (21) years of age, and of good moral character.
- B. Applicant must have had at least four (4) years high school and be graduate of same; he or she shall have at least one (1) year pre-podiatry college education.
- C. Present a diploma from a college of podiatric medicine recognized by the Board as being in good standing, subject to the following conditions.
 1. Any diploma or other 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.
 2. No college of podiatry or chiropody shall be accredited by the Board as a college of good standing which does not require for graduation a course of study of at least four (4) years (eight and one-half [8½] months each) and be accredited by the CPME at the time of graduation.
- D. Present proof of completion of one (1) year of APMA-approved postgraduate training in the U.S. or Canada. If the podiatrist graduated from an accredited college of podiatric medicine prior to 1990, has continuously practiced for the past ten (10) years and has held unrestricted license(s) to practice podiatry, the one (1) year of APMA-approved postgraduate training may be waived at the Board's discretion.
- E. Submit certified copy of birth certificate or valid passport.
- F. Submit a certified copy of legal name change, if applicable.
- G. Complete an application for podiatry license and submit it to the Board in the manner prescribed by the Board with a recent passport type photograph.
- H. Submit fee prescribed by the Board.
- I. Submit fingerprints for state and national criminal history background checks.

Amended November 19, 1987; amended February 19, 2003; amended March 8, 2007; amended May 17, 2007; amended January 24, 2008; amended November 20, 2008; amended March 20, 2015; amended November 13, 2015; and amended March 16, 2017.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Part 2605 Chapter 3: Temporary Licensure

Rule 3.1 | Temporary Licensure

- A. Mississippi temporary medical or podiatric licenses may be issued to applicants for licensure in Mississippi under the following conditions:
1. A restricted temporary medical or podiatric license may be issued upon proper completion of an application to an applicant who otherwise meets all requirements for licensure except successful completion:
 - a. of the postgraduate training requirements provided in Part 2605, Chapter 1, Rule 1.1 or Chapter 2, Rule 2.1; and/or
 - b. of Step 3 of USMLE, Level 3 of COMLEX, or Part 3 of the APMLE.

Such restricted temporary license shall entitle the physician to practice medicine or podiatric medicine only within the confines of an ACGME, AOA or APMA approved postgraduate training program in this state and may be renewed annually for the duration of the postgraduate training for a period not to exceed five (5) years.

Residents typically practice within the confines of an ACGME, AOA or APMA approved postgraduate training program which may be located in another state, and which meets all requirements as described above. These programs sometimes have affiliated institutions (i.e., hospitals or clinics) located in Mississippi which are not ACGME, AOA or APMA approved sites, but in which the resident needs to rotate as part of their otherwise approved training program. Programs may petition the Board, via its Executive Committee, to approve those affiliated Mississippi locations such that residents of those programs may apply for a temporary license in order to rotate at those facilities.

- B. The Board may issue a temporary license to practice medicine for a period not to exceed 90 days at a youth camp licensed by the State Department of Health to any nonresident physician who is not licensed to practice medicine in this state or to any resident physician who is retired from the active practice of medicine in this state while serving as a volunteer at such camp.
1. Nonresident Physician
 - a. must have favorable references from two physicians with whom the applicant has worked or trained within the last year;
 - b. must have written certification from the medical licensing authority in the state in which he or she holds a currently valid license to practice medicine; and
 - c. must submit fee prescribed by the Board.
 2. Retired Resident Physician
 - a. must be in good standing with the Board, and
 - b. must submit fee as prescribed by the Board.

- C. Any licensee issued a temporary license to practice medicine who prescribes controlled substances must have and utilize their own, individual controlled substance registration certificate issued by the U.S. Drug Enforcement Administration.

Adopted September 13, 1979; amended July 1, 1981; amended March 16, 1995; amended May 17, 2007; amended March 20, 2015; amended January 22, 2019; and amended August 27, 2021.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Rule 3.2 | Limited Institutional Licensure

- A. Pursuant to Section 73-25-23, Mississippi Code, a limited institutional license is available only to graduates of Board-approved international medical schools who are employed or are being considered for employment to practice medicine in one or more Mississippi state-supported institutions located in the same county.
- B. Graduates of international medical schools holding a limited institutional license, and who are employed by and enrolled in an approved ACGME or AOA postgraduate training program in a state-supported institution, shall be authorized to participate only in such approved postgraduate educational program or affiliated training program sites.
- C. An application for limited institutional licensure may be accepted by the Board only upon the written request of the state-supported institution which has employed or is considering employing a graduate of an international medical school to practice medicine.
- D. A limited institutional license may be issued for a period of one (1) year for practice in a particular institution after a review and favorable recommendations by a majority of the following:
 1. President or Secretary, Board of Trustees of Institution
 2. Director of Institution
 3. President or Secretary, Local Chartered Medical Society in area in which institution is located
 4. Member, Board of Trustees, Mississippi State Medical Association in area in which institution is located
 5. Member, Mississippi State Board of Medical Licensure from district in which institution is located
 6. Executive Officer, Mississippi State Board of Medical Licensure
- E. In addition to the above requirements for a limited institutional license, an applicant shall meet the following requirements:
 1. Must be at least twenty-one (21) years of age and of good moral character.
 2. Must submit copy of diploma and certification of completion from a medical school listed in the World Director of Medical Schools or its equivalent.
 3. Must submit certified copy of valid certificate from the ECFMG or its successor.
 4. Must submit an application completed in every detail with recent passport type photograph.
 5. Must submit fee prescribed by the Board.
 6. Submit fingerprints for state and national criminal background checks.
- F. Pursuant to Section 73-25-23, Mississippi Code, a limited institutional license must be renewed annually, after such review as the Board considers necessary. A graduate of an

international medical school so licensed may hold such limited institutional license no longer than five (5) years.

- G. A limited institutional license shall become void immediately upon termination of employment of the licensee at the institution, or institutions, at which practice is authorized under the license.
- H. An annual renewal fee shall be prescribed by the Board.

Amended November 19, 1998; amended March 8, 2007; amended May 17, 2007; amended March 20, 2015; and amended March 16, 2017.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Rule 3.3 | Temporary Training License for Out-of-State Residents

An individual enrolled in an out-of-state postgraduate training program wishing to rotate through an ACGME or AOA approved training program within Mississippi, shall not be required to obtain a restricted temporary license provided the rotation lasts no longer than four (4) weeks. However, the individual must submit the following to the Board:

- A. A completed information form which has been supplied by the Board.
- B. A letter from the physician's postgraduate training program stating that he or she is going to be participating in a rotation in Mississippi and the duration.
- C. A letter from the training program in Mississippi stating the physician will be training with them and the duration.
- D. Verification of a current license (limited or training), permit, or letter from the state in which the individual is enrolled in a training program.
- E. A licensure fee in the amount of \$50.

The individual may not participate in the Mississippi training program until a valid training license has been issued. The license will be effective the date the individual is to begin the Mississippi rotation and will become null and void the day the individual completes the rotation.

If during the duration of the training, it is determined that the physician may stay longer than four (4) weeks, the temporary training license may be renewed for an additional four (4) weeks. Under no circumstances will the license be renewed after eight (8) weeks. An individual anticipating on rotating through a Mississippi training program for a period longer than eight (8) weeks shall be required to obtain a Restricted Temporary Medical License.

The Board reserves the right to deny issuance of a temporary training license as provided herein based on any of the statutory grounds as enumerated in Mississippi Code, Sections 73-25-29 and 73-25-83.

Adopted September 20, 2007.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Rule 3.4 | Short-Term Training for Out-of-State Physicians

The Board is aware that there are Mississippi physicians assisting out-of-state physicians in expanding professional knowledge and expertise by offering short-term training to the out-of-state physician. The Mississippi physician wishing to offer this training to the unlicensed out-of-state physician(s) must have their short-term training program approved by the Board.

The Mississippi physician must submit a detailed letter stating the purpose of the short-term training program, the objectives of the course, approximately how long the course will last, and any supporting documentation that would assist the Board in determining the approval status of the program.

An individual wishing to attend the Board approved short-term training is not required to obtain a permanent Mississippi medical license; however, the individual must submit the following to the Board:

- A. A completed information form which has been supplied by the Board.
- B. A letter from the mentor of the Board approved training program stating that the applicant is going to be participating in the short-term training program and the duration.
- C. Verification of a current unrestricted permanent license from the state in which the individual is currently practicing.
- D. A permit fee in the amount of \$25.

The individual may not participate in the short-term training program until a valid training permit has been issued. The permit will be effective the date the individual is to begin the training and will become null and void the day the individual completes the training.

A short-term training permit is typically valid for two to three days; however, it can be issued up to fifteen (15) days. If during the duration of the training, it is determined that the physician may stay longer than fifteen (15) days, the temporary training permit may be renewed for an additional (15) days. Under no circumstances will the permit be renewed after thirty (30) days. An individual anticipating training for a period longer than thirty (30) days will be required to obtain a permanent Mississippi medical license.

Adopted July 12, 2007.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Part 2605 Chapter 3: Temporary Licensure

Rule 3.1 | Temporary Licensure

A. Mississippi temporary medical or podiatric licenses may be issued to applicants for licensure in Mississippi under the following conditions:

1. A restricted temporary medical or podiatric license may be issued upon proper completion of an application to an applicant who otherwise meets all requirements for licensure except successful completion:
 - a. of the postgraduate training requirements provided in Part 2605, Chapter 1, Rule 1.1 or Chapter 2, Rule 2.1; and/or
 - b. of Step 3 of USMLE, Level 3 of COMLEX, or Part 3 of the APMLE.

Such restricted temporary license shall entitle the physician to practice medicine or podiatric medicine only within the confines of an ACGME, AOA or APMA approved postgraduate training program in this state and may be renewed annually for the duration of the postgraduate training for a period not to exceed five (5) years.

Residents typically practice within the confines of an ACGME, AOA or APMA approved postgraduate training program which may be located in another state, and which meets all requirements as described above. These programs sometimes have affiliated institutions (i.e., hospitals or clinics) located in Mississippi which are not ACGME, AOA or APMA approved sites, but in which the resident needs to rotate as part of their otherwise approved training program. Programs may petition the Board, via its Executive Committee, to approve those affiliated Mississippi locations such that residents of those programs may apply for a temporary license in order to rotate at those facilities.

~~2. An unrestricted temporary medical license may be issued in an exceptional case to an applicant seeking licensure by credentials. Such an unrestricted temporary license shall remain valid only for a period of time sufficient for applicant to submit required documents and credentials to complete an application for permanent licensure, but in no instance to exceed 30 days.~~

B. The Board may issue a temporary license to practice medicine for a period not to exceed 90 days at a youth camp licensed by the State Department of Health to any nonresident physician who is not licensed to practice medicine in this state or to any resident physician who is retired from the active practice of medicine in this state while serving as a volunteer at such camp.

1. Nonresident Physician
 - a. must have favorable references from two physicians with whom the applicant has worked or trained within the last year;
 - b. must have written certification from the medical licensing authority in the state in which he or she holds a currently valid license to practice medicine; and
 - c. must submit fee prescribed by the Board.
2. Retired Resident Physician

- a. must be in good standing with the Board, and
- b. must submit fee as prescribed by the Board.

C. ~~The Board may issue a temporary license to practice medicine to physicians who have been admitted for treatment in a drug and/or alcohol treatment program approved by the Board, or who are enrolled in the fellowship of addictionology in the Mississippi State Medical Association Professionals Health Program; provided that, a nonresident applicant shall hold a valid (unrestricted) license to practice medicine in another state and the medical licensing authority of that state shall certify to the Board in writing that such license is in good standing.~~

1. ~~A temporary license issued under this rule shall be valid for a period of ninety (90) days but may be renewed every ninety (90) days for the duration of the fellowship or treatment program. If the applicant discontinues treatment or leaves the fellowship program, the temporary license shall automatically become null and void. The Board may rescind or extend this temporary license for cause.~~

2. ~~A temporary license issued to a physician under this rule shall be limited to the out-patient phase of the treatment program or the time necessary to complete the fellowship of addictionology. The physician to whom the license is issued may administer treatment and care within the scope of the drug and/or alcohol treatment program or fellowship in an institutional setting and shall not otherwise practice in this state.~~

3. ~~A physician who has had his or her permanent license to practice in this state revoked or suspended by the Board due to habitual personal use of intoxicating liquors or narcotic drugs, or any other drug having addiction forming or addiction-sustaining liability, may be granted a temporary license pursuant to this rule provided the temporary license is not in conflict with the prior disciplinary order of the Board rendered against the physician.~~

4. ~~The applicant applying for a ninety (90) day temporary license to practice while in treatment in an approved drug and/or alcohol treatment program or while enrolled in the fellowship of addictionology shall pay a fee prescribed by the Board (not to exceed \$50.00) to the Board. No additional fee shall be charged for an extension.~~

~~The intent of this rule is that each licensee who prescribes scheduled medications shall have their own individual controlled substance registration certificate issued by the U.S. Drug Enforcement Administration.~~

~~Any licensee issued a temporary license to practice medicine who prescribes controlled substances must maintain and utilize their own, individual controlled substance registration certificate issued by the U.S. Drug Enforcement Administration.~~

Adopted September 13, 1979; amended July 1, 1981; amended March 16, 1995; amended May 17, 2007; amended March 20, 2015; amended January 22, 2019; and amended August 27, 2021.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Rule 3.2 | Limited Institutional Licensure

- I. Pursuant to Section 73-25-23, Mississippi Code, a limited institutional license is available only to graduates of Board-approved international medical schools who are employed or are being considered for employment to practice medicine in one or more Mississippi state-supported institutions located in the same county.
- J. Graduates of international medical schools holding a limited institutional license, and who are employed by and enrolled in an approved ACGME or AOA postgraduate training program in a state-supported institution, shall be authorized to participate only in such approved postgraduate educational program or affiliated training program sites.
- K. An application for limited institutional licensure may be accepted by the Board only upon the written request of the state-supported institution which has employed or is considering employing a graduate of an international medical school to practice medicine.
- L. A limited institutional license may be issued for a period of one (1) year for practice in a particular institution after a review and favorable recommendations by a majority of the following:
 - 1. President or Secretary, Board of Trustees of Institution
 - 2. Director of Institution
 - 3. President or Secretary, Local Chartered Medical Society in area in which institution is located
 - 4. Member, Board of Trustees, Mississippi State Medical Association in area in which institution is located
 - 5. Member, Mississippi State Board of Medical Licensure from district in which institution is located
 - 6. Executive Officer, Mississippi State Board of Medical Licensure
- M. In addition to the above requirements for a limited institutional license, an applicant shall meet the following requirements:
 - 1. Must be at least twenty-one (21) years of age and of good moral character.
 - 2. Must submit copy of diploma and certification of completion from a medical school listed in the World Director of Medical Schools or its equivalent.
 - 3. Must submit certified copy of valid certificate from the ECFMG or its successor.
 - 4. Must submit an application completed in every detail with recent passport type photograph.
 - 5. Must submit fee prescribed by the Board.
 - 6. Submit fingerprints for state and national criminal background checks.
- N. Pursuant to Section 73-25-23, Mississippi Code, a limited institutional license must be renewed annually, after such review as the Board considers necessary. A graduate of an international medical school so licensed may hold such limited institutional license no longer than five (5) years.
- O. A limited institutional license shall become void immediately upon termination of employment of the licensee at the institution, or institutions, at which practice is authorized under the license.
- P. An annual renewal fee shall be prescribed by the Board.

Amended November 19, 1998; amended March 8, 2007; amended May 17, 2007; amended March 20, 2015; and amended March 16, 2017.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Rule 3.3 | Temporary Training License for Out-of-State Residents

An individual enrolled in an out-of-state postgraduate training program wishing to rotate through an ACGME or AOA approved training program within Mississippi, shall not be required to obtain a restricted temporary license provided the rotation lasts no longer than four (4) weeks. However, the individual must submit the following to the Board:

- F. A completed information form which has been supplied by the Board.
- G. A letter from the physician's postgraduate training program stating that he or she is going to be participating in a rotation in Mississippi and the duration.
- H. A letter from the training program in Mississippi stating the physician will be training with them and the duration.
- I. Verification of a current license (limited or training), permit, or letter from the state in which the individual is enrolled in a training program.
- J. A licensure fee in the amount of \$50.

The individual may not participate in the Mississippi training program until a valid training license has been issued. The license will be effective the date the individual is to begin the Mississippi rotation and will become null and void the day the individual completes the rotation.

If during the duration of the training, it is determined that the physician may stay longer than four (4) weeks, the temporary training license may be renewed for an additional four (4) weeks. Under no circumstances will the license be renewed after eight (8) weeks. An individual anticipating on rotating through a Mississippi training program for a period longer than eight (8) weeks shall be required to obtain a Restricted Temporary Medical License.

The Board reserves the right to deny issuance of a temporary training license as provided herein based on any of the statutory grounds as enumerated in Mississippi Code, Sections 73-25-29 and 73-25-83.

Adopted September 20, 2007.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Rule 3.4 | Short-Term Training for Out-of-State Physicians

The Board is aware that there are Mississippi physicians assisting out-of-state physicians in expanding professional knowledge and expertise by offering short-term training to the out-of-state physician. The Mississippi physician wishing to offer this training to the unlicensed out-of-state physician(s) must have their short-term training program approved by the Board.

The Mississippi physician must submit a detailed letter stating the purpose of the short-term training program, the objectives of the course, approximately how long the course will last, and any supporting documentation that would assist the Board in determining the approval status of the program.

An individual wishing to attend the Board approved short-term training is not required to obtain a permanent Mississippi medical license; however, the individual must submit the following to the Board:

- E. A completed information form which has been supplied by the Board.
- F. A letter from the mentor of the Board approved training program stating that the applicant is going to be participating in the short-term training program and the duration.
- G. Verification of a current unrestricted permanent license from the state in which the individual is currently practicing.
- H. A permit fee in the amount of \$25.

The individual may not participate in the short-term training program until a valid training permit has been issued. The permit will be effective the date the individual is to begin the training and will become null and void the day the individual completes the training.

A short-term training permit is typically valid for two to three days; however, it can be issued up to fifteen (15) days. If during the duration of the training, it is determined that the physician may stay longer than fifteen (15) days, the temporary training permit may be renewed for an additional (15) days. Under no circumstances will the permit be renewed after thirty (30) days. An individual anticipating training for a period longer than thirty (30) days will be required to obtain a permanent Mississippi medical license.

Adopted July 12, 2007.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi State Board of Medical Licensure		CONTACT PERSON Jonathan Dalton	TELEPHONE NUMBER 601-987-3079	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL mboard@msbml.ms.gov	SUBMIT DATE 1/20/23	Name or number of rule(s): 30 Miss. Admin. Code, Pt. 2640 R. 1.5 <i>Use of Diet Medication</i>		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Temporary Revision of the regulations regarding the use of diet medications. Provides the Board a period of time to review the rule in light of new medications the use of which may be impeded by the rule as written.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann., §73-43-11

List all rules repealed, amended, or suspended by the proposed rule: Rule 1.5

ORAL PROCEEDING:

- An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.


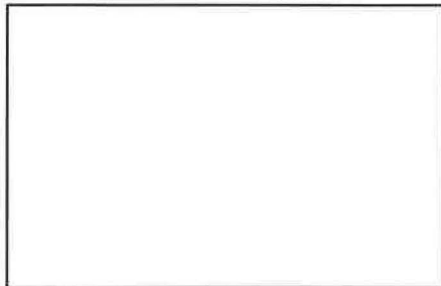
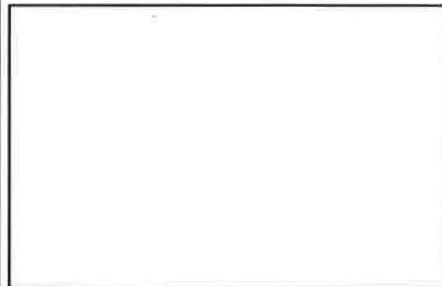
ECONOMIC IMPACT STATEMENT:

- Economic impact statement not required for this rule. Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input checked="" type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input checked="" type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Date Proposed Rule Filed: _____ Action taken: <input type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Jonathan Dalton, Director of Investigations

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP  Accepted for filing by <u>26736 BM</u>	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP  Accepted for filing by	OFFICIAL FILING STAMP  Accepted for filing by
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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Rule 1.5 Use of Diet Medication.

Pursuant to Mississippi Code, Section 41-29-139(e), it is unlawful for any licensee to prescribe, dispense or administer any medication classified as Schedule II, pursuant to Section 41-29-115, for the exclusive treatment of obesity, weight control, or weight loss.

Prescribing or dispensing a controlled substance for weight reduction or the treatment of obesity should be based on accepted scientific knowledge and sound clinical grounds. All such prescribing and dispensing must be in compliance with applicable state and federal laws.

The licensee providing comprehensive treatment of obesity must be present at the facility when he or she prescribes or dispenses¹ controlled substances for the purpose of weight reduction or the treatment of obesity. A licensee may administer, order, dispense or prescribe controlled substances for the purpose of weight loss or the treatment of obesity only as an adjunct to a clearly documented comprehensive program of behavior modification, comprehensive nutritional education, and exercise or physical therapy intervention. The licensee must comply with all of the following conditions:

- A. An initial comprehensive evaluation is to be conducted by and thoroughly recorded by the prescribing licensee prior to the prescribing, ordering, dispensing or administering of any drug. Such evaluation should include a thorough history and thorough physical exam of the patient to include at a minimum:
1. Past medical history, past surgical history, social history, family history, weight history, dietary history, gynecological history, review of systems, allergies and medications.
 2. A physical exam to include height; weight; blood pressure; pulse; % body fat or waist circumference/weight hip ratio; lungs; heart; abdomen; and extremities.
 3. Appropriate testing related to medical weight loss (CBC, comprehensive metabolic profile, lipid panel, thyroid panel, EKG, if prior or present history of cardiac disease, hypertension, diabetes, dyslipidemia, or strong family history of cardiac disease age >60)
 4. The licensee must determine and record the patient's Body Mass Index ("BMI"). No patient should receive anorexic medications unless the patient has (i) a BMI of ≥ 30.0 in a normal otherwise healthy patient, or (ii) a BMI ≥ 27.0 in an individual with at least one associated co-morbidity, or (iii) current body weight ≥ 120 percent of a well-documented, long standing healthy weight that the patient maintained after the age of 18, or (iv) body fat $\geq 30\%$ in females, or body fat $\geq 25\%$ in males, or (v)-waist-hip circumference such that the individual is known to be at increased cardiovascular and/or co-morbidity risk because of abdominal visceral fat, or presence of a co-morbidity condition or conditions aggravated by the patients excessive adiposity. The indication for anorexic therapy must be documented in the record and re-evaluated at each visit or with each prescription refill.
 5. Absolute contraindications of Schedule III or IV anorectic drugs for purposes of weight loss management are pregnancy, breast feeding, or severe allergic reactions to these medications. Relative contraindications of Schedule III and IV anorectics for the purpose of weight loss management are uncontrolled bipolar, uncontrolled epilepsy,

¹ Part 2640, Rule 1.9, controls in all cases. Physician assistants are not permitted to dispense medication.

- uncontrolled hypertension, episodic tachyarrhythmia, excessive stimulation, history of substance abuse, severe anticholinergic effects, such as, extreme dryness of mouth or unmanageable constipation should be addressed with licensee prior to starting weight loss medications. Schedule III and IV anorectics can be used in conjunction with any other medications deemed safe by the licensee.
- B. The licensee must not utilize any Schedules III, IV or V controlled substance when he or she knows or has reason to believe an absolute contraindication exists or relative contraindication exists that would be harmful to the patient.
 - C. A licensee is not permitted to prescribe, order, or dispense controlled substances for the purpose of weight reduction or treatment of obesity greater than a 30-day supply. Exempted from this requirement are those licensees defined in Rule 1.2(M) and those licensees treating patients resulting from a referral to those licensees defined in Rule 1.2(M).
 - D. A patient continued on a controlled substance for the purpose of weight reduction or the treatment of obesity must undergo an in-person re-evaluation once every 30 days; however, those licensees defined in Rule 1.2(M) may re-evaluate patients once every 90 days. A recording of weight, BMI, blood pressure, pulse, and/or any other test which may be necessary for monitoring potential adverse effects of drug therapy should be completed at each visit. Once medically established goals have been met for an individual patient, the need for ongoing medication should be re-evaluated and documented in the record.
 - E. Continuation of the prescribing, ordering, dispensing, or administering of controlled substances should occur only if the patient has continued progress toward achieving or maintaining medically established goals and has no significant adverse effects from the medication.
 - F. A licensee must not utilize a schedule III, IV or V controlled substance or legend drug for purposes of weight loss unless it has an FDA approved indication for this purpose and then only in accordance with all of the above enumerated conditions. The purpose of this rule is to prohibit the use of such drugs as diuretics and thyroid medications for the sole purpose of weight loss.

Off-label use of any medication that does not have Food and Drug Administration approval for use in the treatment of weight loss is prohibited if administered solely for the purpose of weight loss. Thyroid hormone, diuretics, vitamin B12, B1, B2, B6, methionine, choline, inositol, chromium picolate, and human chorionic gonadotropin are examples of medications that may not be used in this manner. This prohibition does not apply to FDA categories of nutritional supplements sold without prescription.

Until July 1, 2023, this Rule shall not apply to Semaglutide-based legend drugs, to allow the Board to study the continued need for this Rule 1.5(F) and its impact on public health and safety.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

Rule 1.5 Use of Diet Medication.

Pursuant to Mississippi Code, Section 41-29-139(e), it is unlawful for any licensee to prescribe, dispense or administer any medication classified as Schedule II, pursuant to Section 41-29-115, for the exclusive treatment of obesity, weight control, or weight loss.

Prescribing or dispensing a controlled substance for weight reduction or the treatment of obesity should be based on accepted scientific knowledge and sound clinical grounds. All such prescribing and dispensing must be in compliance with applicable state and federal laws.

The licensee providing comprehensive treatment of obesity must be present at the facility when he or she prescribes or dispenses² controlled substances for the purpose of weight reduction or the treatment of obesity. A licensee may administer, order, dispense or prescribe controlled substances for the purpose of weight loss or the treatment of obesity only as an adjunct to a clearly documented comprehensive program of behavior modification, comprehensive nutritional education, and exercise or physical therapy intervention. The licensee must comply with all of the following conditions:

- A. An initial comprehensive evaluation is to be conducted by and thoroughly recorded by the prescribing licensee prior to the prescribing, ordering, dispensing or administering of any drug. Such evaluation should include a thorough history and thorough physical exam of the patient to include at a minimum:
 1. Past medical history, past surgical history, social history, family history, weight history, dietary history, gynecological history, review of systems, allergies and medications.
 2. A physical exam to include height; weight; blood pressure; pulse; % body fat or waist circumference/weight hip ratio; lungs; heart; abdomen; and extremities.
 3. Appropriate testing related to medical weight loss (CBC, comprehensive metabolic profile, lipid panel, thyroid panel, EKG, if prior or present history of cardiac disease, hypertension, diabetes, dyslipidemia, or strong family history of cardiac disease age >60
 4. The licensee must determine and record the patient's Body Mass Index ("BMI"). No patient should receive anorexic medications unless the patient has (i) a BMI of ≥ 30.0 in a normal otherwise healthy patient, or (ii) a BMI ≥ 27.0 in an individual with at least one associated co-morbidity, or (iii) current body weight ≥ 120 percent of a well-documented, long standing healthy weight that the patient maintained after the age of 18, or (iv) body fat $\geq 30\%$ in females, or body fat $\geq 25\%$ in males, or (v)-waist-hip circumference such that the individual is known to be at increased cardiovascular and/or co-morbidity risk because of abdominal visceral fat, or presence of a co-morbidity condition or conditions aggravated by the patients excessive adiposity. The indication for anorexic therapy must be documented in the record and re-evaluated at each visit or with each prescription refill.
 5. Absolute contraindications of Schedule III or IV anorectic drugs for purposes of weight loss management are pregnancy, breast feeding, or severe allergic reactions to these medications. Relative contraindications of Schedule III and IV anorectics for the

² Part 2640, Rule 1.9, controls in all cases. Physician assistants are not permitted to dispense medication.

- purpose of weight loss management are uncontrolled bipolar, uncontrolled epilepsy, uncontrolled hypertension, episodic tachyarrhythmia, excessive stimulation, history of substance abuse, severe anticholinergic effects, such as, extreme dryness of mouth or unmanageable constipation should be addressed with licensee prior to starting weight loss medications. Schedule III and IV anorectics can be used in conjunction with any other medications deemed safe by the licensee.
- B. The licensee must not utilize any Schedules III, IV or V controlled substance when he or she knows or has reason to believe an absolute contraindication exists or relative contraindication exists that would be harmful to the patient.
 - C. A licensee is not permitted to prescribe, order, or dispense controlled substances for the purpose of weight reduction or treatment of obesity greater than a 30-day supply. Exempted from this requirement are those licensees defined in Rule 1.2(M) and those licensees treating patients resulting from a referral to those licensees defined in Rule 1.2(M).
 - D. A patient continued on a controlled substance for the purpose of weight reduction or the treatment of obesity must undergo an in-person re-evaluation once every 30 days; however, those licensees defined in Rule 1.2(M) may re-evaluate patients once every 90 days. A recording of weight, BMI, blood pressure, pulse, and/or any other test which may be necessary for monitoring potential adverse effects of drug therapy should be completed at each visit. Once medically established goals have been met for an individual patient, the need for ongoing medication should be re-evaluated and documented in the record.
 - E. Continuation of the prescribing, ordering, dispensing, or administering of controlled substances should occur only if the patient has continued progress toward achieving or maintaining medically established goals and has no significant adverse effects from the medication.
 - F. A licensee must not utilize a schedule III, IV or V controlled substance or legend drug for purposes of weight loss unless it has an FDA approved indication for this purpose and then only in accordance with all of the above enumerated conditions. The purpose of this rule is to prohibit the use of such drugs as diuretics and thyroid medications for the sole purpose of weight loss.

Off-label use of any medication that does not have Food and Drug Administration approval for use in the treatment of weight loss is prohibited if administered solely for the purpose of weight loss. Thyroid hormone, diuretics, vitamin B12, B1, B2, B6, methionine, choline, inositol, chromium picolate, and human chorionic gonadotropin are examples of medications that may not be used in this manner. This prohibition does not apply to FDA categories of nutritional supplements sold without prescription.

Licensees may request the Board waive the FDA requirements set forth in Rule 1.5(F) on a per-medication or class of medications basis, for good cause. Temporary waiver may be approved by the Executive Director until the request can be heard before the Board.

Source: Miss. Code Ann. §73-43-11 (1972, as amended).

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF PHYSICIAN'S LICENSE

OF

LA TANIA MICHELLE AKERS-WHITE, M.D.

CONSENT ORDER

WHEREAS, La Tania Michelle Akers-White, M.D., hereinafter referred to as "Licensee," is the current holder of License No. 27966, issued July 28, 2020, for the practice of medicine in the state of Mississippi;

WHEREAS, on August 8, 2022, the North Carolina Medical Board, hereinafter referred to as the "North Carolina Board," entered into a Consent Order with Licensee making findings of fact and conclusions of law related to activity and action taken previously by the Virginia Board of Medicine (the "Virginia Board") on August 25, 2021. Specifically, the Virginia Board found that Licensee had dispensed controlled substances after her license to dispense controlled substances had lapsed. Additionally, the Virginia Board found Licensee had prescribed opioid medications to five (5) patients without proper documentation or review of the Virginia Prescription Monitoring Program. Further, the Virginia Board found Licensee had prescribed medications for two (2) patients without an examination or documentation. To resolve the matter, the Virginia Board reprimanded licensee, levied a fine of \$5,000, and required twenty (20) hours of Continuing Medical Education (CME) in the areas of medical record-keeping and proper prescribing, in addition to other terms. Based on this action, the North Carolina Board mirrored the actions taken in Virginia;

WHEREAS, pursuant to Subsection (9) of Section 73-25-29, Mississippi Code Annotated (1972), the aforementioned actions by the North Carolina Board constitute action against Licensee's ability to practice in another jurisdiction, grounds for which the Mississippi State Board of Medical Licensure may revoke the Mississippi medical license of Licensee, suspend her right to practice for a time deemed proper by the Board, place her license on probation, the terms of which may be set by the Board, or take any other action in relation to her license as the Board may deem proper under the circumstances;

WHEREAS, it is the desire of Licensee to avoid an evidentiary hearing before the Board and, in lieu thereof, has agreed to enter into this Consent Order, thereby admitting the facts and allegations set forth herein, subject to the terms, conditions and restrictions as specified below.

NOW, THEREFORE, the Mississippi State Board of Medical Licensure, with consent of Licensee as signified by her joinder herein, takes the following actions regarding Licensee's ability to practice medicine in the state of Mississippi, subject to the following terms and conditions:

1. Licensee is hereby formally reprimanded.
2. Licensee must comply with all requirements set forth in the aforementioned North Carolina Consent Order, and must comply with any previous or subsequent requirements set forth in any other jurisdictions. Licensee shall provide proof of compliance and satisfaction of the North Carolina Consent Order to the Board's Compliance Officer. Should the Board deem it necessary to obtain any information related Consent Order, Licensee agrees to execute any and all releases such that the Board may obtain said information.

3. Licensee shall obey all federal, state, and local laws, and all rules and regulations governing the practice of medicine. Any further violations shall result in further action.
4. Licensee understands and expressly acknowledges that, should Licensee challenge or dispute any provision or statement in this agreement during the Board approval process, this Consent Order will automatically be rendered null and void, formal charges will be brought, and this matter shall be set for a full evidentiary hearing at the convenience of the Board.
5. Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann., § 73-25-30. Licensee shall be advised of the total assessment by separate written notification, and shall tender to the Board a certified check or money order made payable to the Mississippi State Board of Medical Licensure, on or before forty (40) days from the date the assessment is mailed to Licensee via U.S. Mail to Licensee's current mailing address.

Should the Board hereafter receive documented evidence of Licensee violating any of the terms and conditions of this Consent Order, or of any further action(s) taken related to the facts and terms stated herein, the Board shall have the right, pursuant to a full evidentiary hearing, to revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, or take any other action determined as necessary by the Board.

This Consent Order shall be subject to approval by the Board. If the Board fails to approve this Consent Order, in whole or in part, it shall have no force or effect on the parties. It is further understood and agreed that the purpose of this Consent Order is to

avoid a hearing before the Board. In this regard, Licensee authorizes the Board to review and examine any documentary evidence or material concerning the Licensee prior to or in conjunction with its consideration of this Consent Order. Should this Consent Order not be accepted by the Board, it is agreed that presentation to and consideration of this Consent Order and other documents and matters pertaining thereto by the Board shall not unfairly or illegally prejudice the Board or any of its members from participation in any further proceedings.

Licensee understands and expressly acknowledges that this Consent Order, if approved and executed by the Mississippi State Board of Medical Licensure, shall constitute a public record of the State of Mississippi. Licensee further acknowledges that the Board shall provide a copy of this Order to, among others, the Federation of State Medical Boards, and the Board makes no representation as to action, if any, which any other agency or jurisdiction may take in response to this Order.

Recognizing her right to notice of charges specified against her, to have such charges adjudicated pursuant to Miss. Code Ann., § 73-25-27 (1972), to be represented therein by legal counsel of her choice, and to a final decision rendered upon written findings of fact and conclusions of law, **La Tania Michelle Akers-White, M.D.**, nonetheless, hereby waives her right to notice and a formal adjudication of charges and authorizes the Board to enter an order accepting this Consent Order.

Executed, this the 14 day of March, 2023.



La Tania Michelle Akers-White, M.D.

ACCEPTED AND APPROVED this the 22nd, day of March, 2023, by
the Mississippi State Board of Medical Licensure.



William David McClendon, M.D.
Board President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
IN THE MATTER OF THE PHYSICIAN'S LICENSE
OF
TAMMY MICHELLE NICHOLAS BROWN, M.D.

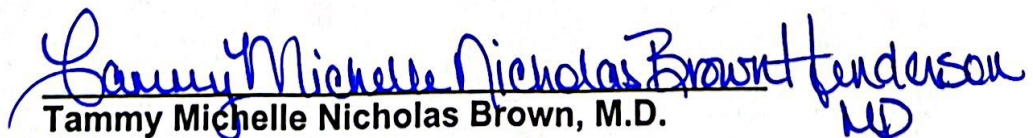
SURRENDER OF MEDICAL LICENSE

WHEREAS, TAMMY MICHELLE NICHOLAS BROWN, M.D., hereinafter referred to as "Licensee," is the current holder of License Number 13886 issued on July 1, 1994, to practice medicine in the State of Mississippi;

WHEREAS, Licensee wishes to surrender her medical license (13886).

NOW THEREFORE, Licensee agrees to voluntarily surrender her medical license (13886) to practice medicine in the State of Mississippi, and understands said Surrender shall be effective immediately upon execution. Licensee understands this is an unconditional surrender, is reportable to the National Practitioner Data Bank and other entities, such as the Federation of State Medical Boards, and is a public record of the State of Mississippi and authorizes the Board to enter an Order accepting this Surrender of Medical License to practice medicine in the State of Mississippi.

EXECUTED AND EFFECTIVE, this the 6th day of March 2023.


Tammy Michelle Nicholas Brown, M.D.

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
IN THE MATTER OF THE PODIATRIC PHYSICIAN'S LICENSE

OF

JARED LEE SPICER, D.P.M.

SURRENDER OF PODIATRIC LICENSE

WHEREAS, JARED LEE SPICER, D.P.M., hereinafter referred to as "Licensee," is the current holder of Mississippi Podiatric License No. 80225, issued on June 20, 2016, to practice podiatry in the State of Mississippi;

WHEREAS, on or about July 13, 2022, a Federal Information was filed in the United States District Court for the Northern District of Mississippi, setting forth a number of counts and allegations, to include conspiracy to defraud a health care benefit program and receipt of kickbacks and bribes;

WHEREAS, as previously executed and agreed on June 2, 2022, Licensee entered into a Plea Agreement related to the aforementioned allegations, pleading guilty to Count I of the Information, thereby pleading guilty to health care fraud, in violation of Title 18, United States Code, Section 1349;

WHEREAS, the aforementioned Plea Agreement constitutes conviction of a felony or misdemeanor involving moral turpitude, in violation of Miss. Code Ann. § 73-27-13(1)(f) (1972), as amended, for which the Mississippi State Board of Medical Licensure may revoke said license, or take any other action the Board may deem proper under the circumstances.

NOW, THEREFORE, in order to resolve this matter now pending before the Board, Licensee hereby voluntarily surrenders his podiatry license (No. 80225) to practice

podiatry in the State of Mississippi and understands said Surrender shall be effective immediately upon execution. Licensee understands this is an unconditional surrender and is reportable to the National Practitioner Data Bank, and other entities such as the federation of State Medical Boards and is a public record of the State of Mississippi.

Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Miss. Code Ann. § 73-25-27 (1972), to be represented therein by legal counsel of his choice, and to a final decision rendered upon written findings of fact and conclusions of law, **JARED LEE SPICER, D.P.M.**, nevertheless, hereby waives his right to notice and a formal adjudication of charges and hereby voluntarily executes this **Surrender of Podiatric License**.

EXECUTED AND EFFECTIVE, this the 2nd, day of February,
2023.


JARED LEE SPICER, D.P.M.

**BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
IN THE MATTER OF THE PODIATRIC PHYSICIAN'S LICENSE**

OF

CAREY CRAIG WILLIAMS, D.P.M.

SURRENDER OF PODIATRIC LICENSE

WHEREAS, CAREY CRAIG WILLIAMS, D.P.M., hereinafter referred to as "Licensee," is the current holder of Mississippi Podiatric License No. 80172, issued on June 10, 2002, to practice podiatry in the State of Mississippi;

WHEREAS, on or about October 27, 2021, Licensee was indicted by a Federal Grand Jury on eleven (11) criminal charges, to include wire fraud, health care fraud, and attempt and conspiracy to commit fraud;

WHEREAS, in November 2021, the University of Mississippi Medical Center-Grenada indefinitely suspended Licensee's privileges due to the aforementioned indictment;

WHEREAS, on or about September 9, 2022, Licensee entered a plea of guilty in the United States District Court for the Northern District of Mississippi, stating that he, ". . . did knowingly and willfully conspire and agree.....to commit health care fraud;"

WHEREAS, such conduct, if established in a due process hearing before the Board, is in violation of Miss. Code Ann., § 73-27-13(1) (1972), as amended for which the Mississippi State Board of Medical Licensure may revoke said license or take any other action the Board may deem proper under the circumstances.

NOW, THEREFORE, Licensee hereby voluntarily surrenders his podiatry license (No. 80172) to practice podiatry in the State of Mississippi and understands said

Surrender shall be effective immediately upon execution. Licensee understands this is an unconditional surrender and is reportable to the National Practitioner Data Bank, and other entities such as the federation of State Medical Boards and is a public record of the State of Mississippi.

Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant Miss. Administrative Code Title 30, Part 2645, Chapter 1, to be represented therein by legal counsel of his choice, and to a final decision rendered upon written findings of fact and conclusions of law, **CAREY CRAIG WILLIAMS, D.P.M.**, nevertheless, hereby waives his right to notice and a formal adjudication of charges and hereby voluntarily executes this **Surrender of Podiatry License**.

EXECUTED AND EFFECTIVE, this the 16TH day of FEBRUARY,
2023.


CAREY CRAIG WILLIAMS, D.P.M.

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

STEPHEN DERRICK SUDDERTH, M.D. (No. 17597)

ORDER OF CONTINUANCE

THIS MATTER came on regularly for consideration by the Mississippi State Board of Medical Licensure in response to a request for continuance of the hearing set for this date by Stephen Sudderth, M.D., (hereinafter "Licensee") through his counsel Douglas Mercier, Esq. After consideration of the matter, the Board finds Licensee's request to be well-taken, and is hereby **GRANTED**.

IT IS, THEREFORE, ORDERED, that this matter is continued until May 18, 2023.

SO ORDERED this, the 22nd day of March 2023.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY:


William David McClendon, Jr., M.D.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

MICHAEL LAWRENCE SANDERS, M.D. (No. 15970)

ORDER OF CONTINUANCE

THIS MATTER came on regularly for consideration by the Mississippi State Board of Medical Licensure in response to a request for continuance of the hearing set for this date by Michael Lawrence Sanders, M.D., (hereinafter "Licensee") through his counsel Julie Mitchell, Esq. After consideration of the matter, the Board finds Licensee's request to be well-taken, and is hereby **GRANTED**.

IT IS, THEREFORE, ORDERED, that this matter is continued until May 18, 2023.

SO ORDERED this, the 22nd day of March 2023.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY: 

William David McClendon, Jr., M.D.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE LICENSE OF:

MASSIE HEADLEY, M.D. (No. 14432)

FOURTH ORDER OF CONTINUANCE

THIS MATTER came on regularly for consideration by the Mississippi State Board of Medical Licensure in response to a request for continuance of the hearing set for this date by Massie Headley, M.D., (hereinafter "Licensee") through his counsel Tim Sensing, Esq. After consideration of the matter, the Board finds Licensee's request to be well-taken, and is hereby **GRANTED**.

IT IS, THEREFORE, ORDERED, that this matter is continued until May 18, 2023.

SO ORDERED this, the 22nd day of March 2023.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

BY:



**William David McClendon, Jr., M.D.
President**

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF PHYSICIAN'S LICENSE

OF

ROBERT LEBARON GRANT STEARS, M.D.

CONSENT ORDER

WHEREAS, Robert Lebaron Grant Stears, M.D., hereinafter referred to as "Licensee," is the current holder of License No. 27527, issued March 25, 2020, for the practice of medicine in the state of Mississippi;

WHEREAS, on April 20, 2022, the State of Wisconsin Medical Examining Board, hereinafter referred to as the "Wisconsin Board," entered a Final Decision and Order making findings of fact and conclusions of law related to Licensee's practice of medicine in that state. Specifically, the Wisconsin Board reviewed a case wherein a patient expired while under the care of Licensee. The Wisconsin Board found that Licensee failed to conform to the standard of minimally competent medical practice, pursuant to Wis. Admin. Code § Med 10.03(2)(b). Based on this finding, Licensee was reprimanded by the Wisconsin Board and certain terms were placed on his license, including successful completion of Continuing Medical Education (CME) in the area of radiologic appearance and reporting of central lines;

WHEREAS, pursuant to Subsection (9) of Section 73-25-29, Mississippi Code Annotated (1972), the aforementioned actions by the Wisconsin Board constitute action against Licensee's ability to practice in another jurisdiction, grounds for which the Mississippi State Board of Medical Licensure may revoke the Mississippi medical license of Licensee, suspend his right to practice for a time deemed proper by the Board, place



his license on probation, the terms of which may be set by the Board, or take any other action in relation to his license as the Board may deem proper under the circumstances;

WHEREAS, it is the desire of Licensee to avoid an evidentiary hearing before the Board and, in lieu thereof, has agreed to enter into this Consent Order, thereby admitting the facts and allegations set forth herein, subject to the terms, conditions and restrictions as specified below.

NOW, THEREFORE, the Mississippi State Board of Medical Licensure, with consent of Licensee as signified by his joinder herein, takes the following actions regarding Licensee's ability to practice medicine in the state of Mississippi, subject to the following terms and conditions:

1. Licensee is hereby formally reprimanded.
2. Licensee must comply with all requirements set forth in the aforementioned Wisconsin Order, and must comply with any previous or subsequent requirements set forth in any other jurisdictions. Licensee shall provide proof of compliance and satisfaction of the Wisconsin Order to the Board's Compliance Officer. Should the Board deem it necessary to obtain any information related to the Wisconsin Order, Licensee agrees to execute any and all releases such that the Board may obtain said information.
3. Licensee shall obey all federal, state, and local laws, and all rules and regulations governing the practice of medicine. Any further violations shall result in further action.
4. Licensee understands and expressly acknowledges that, should Licensee challenge or dispute any provision or statement in this agreement during the Board



approval process, this Consent Order will automatically be rendered null and void, formal charges will be brought, and this matter shall be set for a full evidentiary hearing at the convenience of the Board.

5. Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann., § 73-25-30. Licensee shall be advised of the total assessment by separate written notification, and shall tender to the Board a certified check or money order made payable to the Mississippi State Board of Medical Licensure, on or before forty (40) days from the date the assessment is mailed to Licensee via U.S. Mail to Licensee's current mailing address.

Should the Board hereafter receive documented evidence of Licensee violating any of the terms and conditions of this Consent Order, or of any further action(s) taken related to the facts and terms stated herein, the Board shall have the right, pursuant to a full evidentiary hearing, to revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, or take any other action determined as necessary by the Board.

This Consent Order shall be subject to approval by the Board. If the Board fails to approve this Consent Order, in whole or in part, it shall have no force or effect on the parties. It is further understood and agreed that the purpose of this Consent Order is to avoid a hearing before the Board. In this regard, Licensee authorizes the Board to review and examine any documentary evidence or material concerning the Licensee prior to or in conjunction with its consideration of this Consent Order. Should this Consent Order not be accepted by the Board, it is agreed that presentation to and consideration of this Consent Order and other documents and matters pertaining thereto by the Board shall



not unfairly or illegally prejudice the Board or any of its members from participation in any further proceedings.

Licensee understands and expressly acknowledges that this Consent Order, if approved and executed by the Mississippi State Board of Medical Licensure, shall constitute a public record of the State of Mississippi. Licensee further acknowledges that the Board shall provide a copy of this Order to, among others, the Federation of State Medical Boards, and the Board makes no representation as to action, if any, which any other agency or jurisdiction may take in response to this Order.

Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Miss. Code Ann., § 73-25-27 (1972), to be represented therein by legal counsel of his choice, and to a final decision rendered upon written findings of fact and conclusions of law, **Robert Lebaron Grant Stears, M.D.**, nonetheless, hereby waives his right to notice and a formal adjudication of charges and authorizes the Board to enter an order accepting this Consent Order.

Executed, this the 23 day of FEBRUARY, 2023.



Robert Lebaron Grant Stears, M.D.

ACCEPTED AND APPROVED this the 22nd day of March, 2023, by the Mississippi State Board of Medical Licensure.



William David McClendon, M.D.
Board President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF PHYSICIAN'S LICENSE

OF

NATHAN ERIC SMITH, M.D.

CONSENT ORDER

WHEREAS, Nathan Eric Smith, M.D., hereinafter referred to as "Licensee," is the current holder of License No. 28864, issued May 12, 2021, for the practice of medicine in the State of Mississippi;

WHEREAS, on September 27, 2022, Licensee, in order to avoid a disciplinary hearing, voluntarily entered into a Consent Order with the Tennessee Board of Medical Examiners hereinafter referred to as the "Tennessee Board," for an act or acts that violate Tennessee Code Ann. § 61-6-214 (b)(1), Unprofessional Conduct, and § 61-6-214 (b)(2), violation or attempted violation, directly or indirectly, or assisting in abetting the violation of, or conspiring to violate, any provision of this chapter or any lawful order of the Tennessee Board issued pursuant thereto, or any criminal statute of the state of Tennessee;

WHEREAS, Licensee allowed an individual who was not licensed or medically trained to scrub in for a surgery, allowed this individual to make the initial, superficial incision, and allowed this individual to hold the suction device and a pair of forceps while Licensee opened the patient's sternum;

WHEREAS, while in the operating room, Licensee had a registered nurse take several pictures of Licensee and another staff member with Licensee's cell phone where the patient's body was visible but not the patient's face;

WHEREAS, the patient did not experience any complications or require any additional medical care as a result of the afore mentioned events;

WHEREAS, as part of the Tennessee Consent Order, Licensee was issued a Reprimand and was ordered to complete a Tennessee Board approved two-day medical ethics course and provide proof of completion to the Tennessee Board, as well as pay investigative costs;

WHEREAS, pursuant to Miss. Code Ann. § 73-25-29(9) (1972), the aforementioned actions by the Tennessee Board constitute restrictions against Licensee's ability to practice in another jurisdiction, grounds for which the Mississippi State Board of Medical Licensure, hereinafter referred to as "Board," may revoke the Mississippi medical license of Licensee, suspend his right to practice for a time deemed proper by the Board, place his license on probation, the terms of which may be set by the Board, or take any other action in relation to his license as the Board may deem proper under the circumstances;

WHEREAS, Licensee wishes to avoid an evidentiary hearing before the Mississippi State Board of Medical Licensure and, in lieu thereof, has agreed to enter into this Consent Order, thereby admitting to the facts set forth herein, subject to the terms, conditions and restrictions as specified below.

NOW, THEREFORE, the Mississippi State Board of Medical Licensure, with consent of Licensee as signified by his joinder herein, does hereby formally **REPRIMAND** Licensee, subject to the following terms and conditions:

1. Licensee must comply with all requirements set forth in the aforementioned Tennessee Consent Order. Licensee shall provide proof of the successful

completion of the Tennessee Consent Order Upon successful completion of the Tennessee Consent Order, and upon receipt by the Board of the aforementioned proof, Licensee will receive notice the terms of this Consent Order have been satisfied.

2. Licensee shall obey all federal, state, and local laws, and all rules and regulations governing the practice of medicine. Any further acts of misconduct will result in further action.
3. Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann. § 73-25-30, said amount not to exceed \$10,000. Licensee shall be advised of the total assessment by separate written notification and shall tender to the Board a certified check or money order made payable to the Mississippi State Board of Medical Licensure, on or before forty (40) days from the date the assessment is mailed to Licensee via U.S. Mail to Licensee's current mailing address.

Should the Board hereafter receive documented evidence of Licensee violating any of the terms and conditions of this Consent Order, the Board shall have the right, pursuant to a full evidentiary hearing, to revoke the medical license of Licensee, suspend it for a time deemed proper by the Board, or take any other action determined as necessary by the Board.

This Consent Order shall be subject to approval by the Board. If the Board fails to approve this Consent Order, in whole or in part, it shall have no force or effect on the parties. It is further understood and agreed that the purpose of this Consent Order is to avoid a hearing before the Board. In this regard, Licensee authorizes the Board to review

and examine any documentary evidence or material concerning the Licensee prior to or in conjunction with its consideration of this Consent Order. Should this Consent Order not be accepted by the Board, it is agreed that presentation to and consideration of this Consent Order and other documents and matters pertaining thereto by the Board shall not unfairly or illegally prejudice the Board or any of its members from participation in any further proceedings.

Licensee understands and expressly acknowledges that, should Licensee challenge or dispute any provision or statement in this agreement during the Board approval process, this Consent Order will automatically be rendered null and void, formal charges will be brought, and this matter shall be set for a full evidentiary hearing at the convenience of the Board.

Licensee understands and expressly acknowledges that this Consent Order, if approved and executed by the Mississippi State Board of Medical Licensure, shall constitute a public record of the State of Mississippi. Licensee further acknowledges that the Board shall provide a copy of this Order to, among others, the Federation of State Medical Boards, and the Board makes no representation as to action, if any, which any other agency or jurisdiction may take in response to this Order.

Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Miss. Code Ann. § 73-25-27, to be represented therein by legal counsel of his choice, and to a final decision rendered upon written findings of fact and conclusions of law, **Nathan Eric Smith, M.D.** nonetheless, hereby waives his right to notice and a formal adjudication of charges and authorizes the Board to enter an order accepting this Consent Order.

EXECUTED, this the 5th day of ~~February~~ ^{March} 2023.



Nathan Eric Smith, M.D.

ACCEPTED AND APPROVED this the _____ day of _____ 2023, by
the Mississippi State Board of Medical Licensure.

WILLIAM D. MCCLENDON, M.D.
Board President

EXECUTED, this the 5th day of ~~February~~ March 2023.



Nathan Eric Smith, M.D.

ACCEPTED AND APPROVED this the 22nd day of March 2023, by
the Mississippi State Board of Medical Licensure.



WILLIAM D. MCCLENDON, M.D.
Board President

**BEFORE THE MISSISSIPPI STATE
BOARD OF MEDICAL LICENSURE**

IN THE MATTER OF THE LICENSE OF:
JAMES LEONARD WOOTTON, III, M.D.

ORDER GRANTING REINSTATEMENT OF LICENSE

THIS MATTER came before the Mississippi State Board of Medical Licensure (hereinafter “Board”), pursuant to Title 73, Chapter 25 of Mississippi Code (1972) Annotated. James Leonard Wootton, III, M.D. (“Licensee”) seeks reinstatement of licensure under Miss. Code Ann. Section 73-25-32. A hearing was conducted on March 22, 2023.

The last formal action of the Board occurred on January 20, 2022, wherein the Board suspended Licensee’s Mississippi medical license by virtue of a Consent Order. While suspending Licensee’s medical licensure, the Board advised Licensee that he had a right to petition for reinstatement and return to practice upon expiration of no less than six (6) months from the date of the order. Provided, however, that the Licensee successfully completed the following requirements:

(1) Complete AMA Category 1 CME (Continuing Medical Education) courses in the areas of (1) Prescribing, and (2) Record Keeping—in addition to the forty (40) hours of Category 1 CME requirements.

(2) Complete a Board-approved intensive treatment program at either the residential or partial-hospitalization level of care as recommended and specified by Pine Grove Behavioral Health & Addiction Services (hereinafter “facility”) for a minimum of six (6) weeks.

(3) Submit proof of successful completion of the intensive treatment program and his fitness to resume the practice of medicine with reasonable skill and safety to the Board.

(4) Present a plan of practice, consistent with the findings and recommendations of the facility.

(5) Reimburse the Board for all costs incurred under Miss. Code Ann. Section 73-25-30.

At the hearing, Licensee was present and represented by Honorable Whitman “Whit” Johnson. Complaint Counsel for the Board was Honorable Paul Barnes. Also present was Complaint Co-Counsel Honorable Stan T. Ingram. Sitting as legal advisor and hearing officer to the Board was Honorable Alexis E. Morris, Special Assistant Attorney General. Board members present for the proceedings were David McClendon, M.D, President; Michelle Owens, M.D.; Ken Lippincott, M.D.; Thomas Joiner, M.D.; Kirk Kinard, D.O.; Allen Gersh, M.D.; Roderick Givens, M.D.; William Loper, III, M.D.; and Renia Dotson, M.D. Consumer members present were Koomarie “Shoba” Gaymes and Wesley Breland. Dr. Wootton presented evidence that he has completed the requirements permitting him to petition for reinstatement, namely:

Dr. Wootton has completed the required CME courses in the areas of prescribing and record keeping and presented evidence of same; Dr. Wootton has completed a Board-approved intensive treatment program at Pine Grove. That program has acknowledged that Dr. Wootton is safe to return to practice provided certain recommendations are met, and Dr. Wootton agrees to comply with those recommendations. Dr. Wootton described in his Petition the additional conditions, recommendations, and restrictions, and agrees to comply with each.

Dr. Wootton presented evidence that he has employment opportunities in Colorado, and because of a recent change in his wife's employment status, he wishes to pursue employment opportunities in Alabama. Based on the evidence presented at the hearing, including Dr. Wootton's sworn testimony, the Board finds that Dr. Wootton should be permitted to seek licensure and employment in either Colorado or Alabama, but all other restrictions, conditions, and limitations on his Mississippi medical license shall apply regardless of whether he practices in Colorado or Alabama.

IT IS THEREFORE ORDERED that Licensee's request for reinstatement of his Mississippi medical license is hereby granted, subject to the following requirements, conditions, and restrictions:

(A) Completion of a Board approved intensive treatment program – licensee has completed an intensive treatment program at Pine Grove. That program has acknowledged that Dr. Wootton is safe to return to practice provided certain recommendations are met. As shown below, Dr. Wootton shall meet all such

recommendations. Dr. Wootton shall establish a relationship with the Physician Health Program in Colorado or Alabama, who shall have primary monitoring responsibility to ensure Dr. Wootton is in compliance with the terms of this Order and the recommendations of the Pine Grove evaluation.

(B) Pine Grove recommended existence of a monitoring agreement with Mississippi State Board of Medical Licensure to include biannual polygraphs. Dr. Wootton shall sign a monitoring agreement and undergo biannual polygraphs, but given his job opportunities in Colorado, where he currently resides, and potential job opportunities in Alabama, that the monitoring agreement allow such polygraphs to be done in the State of Colorado or the State of Alabama, as the case may be.

(C) Pine Grove recommended that Dr. Wootton work in a highly structured setting and not in solo practice. He currently has an opportunity contingent upon licensing approval to work a clinic setting in a clinic in Mancos, Colorado run by Southwest Memorial Hospital/Southwest Health Systems in Cortez, Colorado as a family practice physician. He will have a workplace monitor (Will Jansen, Practice Administrator) who could provide not only accountability and oversight but also act as a resource for situations that may arise. Should Dr. Wootton decide to accept employment and practice medicine in Alabama, he must submit a practice plan including similar safeguards to the Alabama Board and obtain approval before beginning practice.

(D) Dr. Wootton will not treat himself, family, co-workers, or friends.

(E) Dr. Wootton will work reasonable hours in the 40 to 45 hour per week range with two days off a week. He will request to the extent possible an 8:00 a.m. to 5:00 p.m. work schedule with a work break.

(F) In interacting with females, Dr. Wootton will to the maximum extent possible maintain a three-person rule where he has someone else in the room with him while interacting with females.

(G) Dr. Wootton will avoid socializing with staff or patients.

(H) Dr. Wootton will not work with Indian Health Services without approval from the Colorado or Alabama Licensure Boards, to be determined by which of those State permit him to practice.

(I) Dr. Wootton agrees to allow to Will Jansen to be his workplace monitor and has informed him of the issues that led to the suspension of his license. Dr. Wootton agrees to arrange a similar workplace monitoring plan if he obtains employment in Alabama instead of Colorado.

(J) Dr. Wootton agrees to have a PEP recheck six months after he starts work.

(K) Dr. Wootton will seek medical licensure in Colorado or Alabama only after this Order resolving his suspended license with this Board is formally issued. Dr. Wootton agrees to enter into a monitoring contract with the Colorado Medical Board or Colorado Physicians Health Program if possible. Dr. Wootton agrees to enter

a similar monitoring contract with the appropriate authorities in Alabama should he obtain employment and become licensed in the State of Alabama.

(L) Dr. Wootton agrees to discuss with his therapist any interpersonal conflict issues that develop at work prior to directly addressing them and will try at all times use respectful communication with all staff. In addition, he will address issues needing immediate attention with this supervisor to develop a plan of response.

(M) Dr. Wootton will regularly attend individual therapy sessions although he shall be allowed to do so in Colorado or Alabama, as the case may be. This shall be at least monthly until his finances allow for weekly visits.

(N) Dr. Wootton will obtain management for psychiatric medication in Colorado or Alabama, as necessary.

(O) Dr. Wootton will attend regular meetings with his primary care physician for routine check-ups and medication management and any eating concerns. Again, he will obtain this care in Colorado or Alabama as circumstances may require.

(P) Dr. Wootton and his spouse are involved in therapy, him individually and then with his wife as a couple. Dr. Wootton shall participate in the DBT skills training remotely to the extent it can be done over the internet and in person should such be available in Colorado or Alabama.

(Q) Dr. Wootton will refrain from any mind-altering substances, including alcohol and unapproved medications.

(R) Since Dr. Wootton is currently living in Colorado, and may soon be living in Alabama, Dr. Wootton is relieved of any requirement to return to Mississippi for alumni weekends since the issues would be addressed through his regular therapy sessions.

(S) Should Dr. Wootton desire to change practice locations to outside the State of Colorado, or the State of Alabama, should he be accepted to practice there, at any time within five years of this reinstatement, Dr. Wootton shall submit a new practice plan to the Mississippi State Board of Medical Licensure for Approval. Licensee shall notify the Board if he moves within the next five (5) years.

IT IS FURTHER ORDERED, pursuant to Miss. Code Ann. Section 73-25-27, that a copy of this Order shall be sent by registered mail or personally served upon James Leonard Wootton, III, M.D.

SO ORDERED, this the 22nd day of March 2023.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: 
**WILLIAM D. MCCLENDON, JR., M.D.,
PRESIDENT**

**BEFORE THE MISSISSIPPI STATE
BOARD OF MEDICAL LICENSURE**

IN THE MATTER OF THE LICENSE OF:
MATTHEW BRIAN JONES, M.D.

ORDER REMOVING RESTRICTIONS

THIS MATTER came on regularly for hearing on March 22, 2023, before the Mississippi State Board of Medical Licensure (hereinafter “Board”), pursuant to Title 73, Chapter 25 of Mississippi Code (1972) Annotated. Matthew Brian Jones, III, M.D. (“Licensee”), seeks removal of the PAs and APRNs supervision restrictions. A hearing was held on March 22, 2023.

On June 1, 2021, a Consent Order suspended Licensee’s license to practice medicine in the State of Mississippi for six (6) months. Further restrictions were placed on Licensee’s ability to practice, including a prohibition from supervising PAs and/or APRNs for the duration of the Order. Licensee’s license to practice medicine was automatically reinstated upon expiration of the six (6) month suspension. However, the Consent Order required Licensee to petition the Board to remove any remaining restrictions, including the PA/APRN prohibition.

Licensee was present and represented by Honorable Julie Mitchell. Complaint Counsel for the Board was Honorable Paul Barnes. Also present was Complaint Co-

Counsel Honorable Stan T. Ingram. Sitting as legal advisor and hearing officer to the Board was Honorable Alexis E. Morris, Special Assistant Attorney General. Board members present for the proceedings were David McClendon, M.D, President; Michelle Owens, M.D.; Ken Lippincott, M.D.; Thomas Joiner, M.D.; Kirk Kinard, D.O.; Allen Gersh, M.D.; Roderick Givens, M.D.; William Loper, III, M.D.; and Renia Dotson, M.D. Consumer members present were Koomarie “Shoba” Gaymes and Wesley Breland.


The Board received proof that all requirements, including Continuing Medical Education, have been satisfied. Accordingly, the Board finds the same to be well-taken.

IT IS THEREFORE ORDERED that Licensee’s request for removal of the restriction to supervise PAs and APRNs is hereby granted. Licensee now holds an unrestricted license to practice medicine in the State of Mississippi.

IT IS FURTHER ORDERED, pursuant to Miss. Code Ann. Section 73-25-27, that a copy of this Order shall be sent by registered mail or personally served upon Matthew Brian Jones, III, M.D.

SO ORDERED, this the 22nd day of March 2023.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: 
WILLIAM D. MCCLENDON, JR., M.D.,
PRESIDENT

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
IN THE MATTER OF THE PHYSICIAN'S LICENSE
OF
SATYASEELAN PACKIANATHAN, M.D.
SURRENDER OF MEDICAL LICENSE

WHEREAS, SATYASEELAN PACKIANATHAN, M.D., hereinafter referred to as "Licensee," is the current holder of License Number 20845 issued on September 28, 2009, to practice medicine in the State of Mississippi;

WHEREAS, Medical License number 20845 expired June 30, 2021. Licensee retains the inchoate right to renew said license;

WHEREAS, on Tuesday, September 6, 2022, Licensee, having entered a plea of guilty to the crime of Child Exploitation, was sentenced to a term of ten (10) years in the custody of the Mississippi Department of Corrections, with five (5) years to be suspended;

WHEREAS, Licensee was further ordered to be placed on Supervised Probation for a period of five (5) years after release, and as a part of the Guilty Plea Agreement, Licensee is responsible for court costs and fines;

WHEREAS, Licensee is currently incarcerated and must also register as a sex offender;

WHEREAS, the aforementioned guilty plea and conviction of the crime of Child Exploitation constitutes an offense involving moral turpitude, and unprofessional conduct, including any dishonorable or unethical conduct likely to deceive, defraud, or harm the public, in violation of Miss. Code Ann. §§ 73-25-29(6), (8)(d), and 73-25-83(a).

NOW THEREFORE, in order to resolve this matter now pending before the Board, Licensee agrees to voluntarily surrender his medical license (No. 20845) to practice

medicine in the State of Mississippi and understands said Surrender shall be effective immediately upon execution. Licensee understands this is an unconditional surrender, is reportable to the National Practitioner Data Bank and other entities, such as the Federation of State Medical Boards, and is a public record of the State of Mississippi.

Recognizing his right to notice of charges specified against him, to have such charges adjudicated pursuant to Miss. Code Ann. § 73-25-27 (1972), to be represented therein by legal counsel of his choice, and to a final decision rendered upon written findings of fact and conclusions of law, **Satyaseelan Packianathan, M.D.**, nevertheless, hereby waives his right to notice and a formal adjudication of charges and authorizes the Board to enter an Order accepting this Surrender of Medical License to practice medicine in the State of Mississippi.

EXECUTED AND EFFECTIVE, this the 21st day of February, 2023.

 21 Feb 2023

Satyaseelan Packianathan, M.D.