MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

CYPRESS RIDGE BUILDING • 1867 CRANE RIDGE DRIVE, SUITE 200-B • JACKSON, MS 39216 (601) 987-3079

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FAX NOT ACCEPTABLE

APPENDIX D

STATE MEDICAL BOARD LICENSURE CERTIFICATION

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

Name of Applicant	
Applicant Address	
City, State, Zip	

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

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

Has applicant's license ever been suspended, revoked or had restrictions imposed? (If yes, please attach documents.)

Is applicant currently under investigation for any reason? (If yes, please explain.)

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

INSTRUCTIONS TO INDIVIDUAL COMPLETING THIS FORM:

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