

**BOARD MINUTES
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
JANUARY 15, 2015**

The regularly scheduled meeting of the Mississippi State Board of Medical Licensure was held on Thursday, January 15, 2015, in the Board Room of the Office of the Board located at 1867 Crane Ridge Drive, Jackson, Mississippi.

The following members were present:

Virginia M. Crawford, M.D., Hattiesburg, President
William S. Mayo, D.O., Oxford, Vice President
Charles D. Miles, M.D., West Point, Secretary
Claude D. Brunson, M.D., Jackson
Rickey L. Chance, D.O., Ocean Springs
John C. Clay, M.D., Meridian
S. Randall Easterling, M.D., Vicksburg
C. Kenneth Lippincott, M.D., Tupelo

Also present:

H. Vann Craig, M.D., Director
Stan T. Ingram, Complaint Counsel for the Board
Ellen O'Neal, Assistant Attorney General
Rhonda Freeman, Bureau Director, Licensure Division
Thomas Washington, Bureau Director, Investigative Division
Leslie Ross, Investigations Supervisor
Frances Carrillo, Special Projects Officer, Investigative Division
Sherry H. Pilgrim, Staff Officer
Wesley Breland, Hattiesburg, Consumer Health Committee
Maj Gen (Ret) Erik Hearon, Consumer Health Committee

Not present:

J. Ann Rea, M.D., Summit
Charles Thomas, Yazoo City, Consumer Health Committee

The meeting was called to order at 9:00 a.m. by Dr. Crawford, President. The invocation was given by Dr. Miles and the pledge was led by Dr. Chance. Dr. Crawford welcomed Cathy White, Court Reporter, and extended a welcome to all visitors present at the meeting.

Dr. Craig advised that his Administrative Assistant/Staff Officer, Sherry Pilgrim, had been with the Board for ten (10) years and recognized her service by presenting her with a ten (10) year service pin, certificate, and crystal jar.

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Dr. Crawford opened the floor for public comments but there were none.

APPROVAL OF CERTIFICATION OF MISSISSIPPI LICENSES TO OTHER ENTITIES FOR THE PERIOD NOVEMBER 01, 2014 THROUGH DECEMBER 31, 2014

Two hundred seven (207) licenses were certified to other entities for the period November 01, 2014, through December 31, 2014. Motion was made by Dr. Mayo, seconded by Dr. Miles, and carried unanimously to approve these certifications.

APPROVAL OF LICENSES ISSUED FOR THE PERIOD NOVEMBER 01, 2014, THROUGH DECEMBER 31, 2014

Seventy-five (75) licenses were issued for the period November 01, 2014, through December 31, 2014. Motion was made by Dr. Mayo, seconded by Dr. Miles, and carried unanimously to approve these licenses.

REVIEW OF MINUTES OF THE EXECUTIVE COMMITTEE MEETING DATED NOVEMBER 12, 2014, AND MINUTES OF THE BOARD MEETING DATED NOVEMBER 13, 2014

Minutes of the Executive Committee Meeting dated November 12, 2014, and Minutes of the Board Meeting dated November 13, 2014, were reviewed. Dr. Mayo moved for approval of the minutes as submitted. Dr. Chance seconded the motion and it carried unanimously.

REPORT OF JANUARY 14, 2015, EXECUTIVE COMMITTEE MEETING

Dr. Craig briefly discussed issues/appearances that were discussed by the Executive Committee on January 14, 2015. Information pertaining to the Executive Committee's decision/recommendations is included in the Executive Committee Minutes dated January 14, 2015.

Dr. Craig advised that the Executive Committee discussed and agrees that we should support asking the legislature to add a line item to our budget in the amount of \$100,000.00 to help fund the Prescription Monitoring Program (PMP). Dr. Craig advised that the Board of Nursing and the Pharmacy Board would do the same.

Also, Dr. Craig advised that he was recommending that the Board not renew the lobbying contract with MSMA.

Motion was made by Dr. Mayo, seconded by Dr. Miles, and carried of the Board's decision to ratify the actions/decisions of the Executive Committee. Following a

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brief discussion concerning the lobbyist, Dr. Easterling and Dr. Brunson discussed why the Board's needs to revisit the matter concerning the lobbyist.

Following the discussion, motion was made by Dr. Easterling, seconded by Dr. Clay, and carried to renew the MSMA lobbyist contract for 2015.

REPORTS FROM COMMITTEES

Scope of Practice - Dr. Easterling (Chair), Dr. Chance, Dr. Miles, Dr. Rea, Mr. Thomas

Dr. Easterling advised that the Committee met this morning and continue to revise the proposed changes to the regulation concerning collaboration. Dr. Easterling advised that the Committee hopes to have the regulation ready to propose in March.

Professionals Health Program - Dr. Chance (Chair), Dr. Lippincott, Dr. Crawford

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

Rules, Regulation & Legislative - Dr. Mayo (Chair), Dr. Easterling, Dr. Miles,
Dr. Clay, Mr. Breland

Dr. Mayo advised that the Committee met this morning and will propose regulations for the Administrative License and changes to the licensure regulations.

Telemedicine / Interstate Licensure Compact - Dr. Brunson (Chair), Dr. Crawford,
Dr. Craig, Ms. Freeman, Maj Gen (Retired) Hearon

Dr. Brunson advised that the Committee met this morning and are still working on the proposed regulation concerning Telemedicine.

Licensees Education and Communication - Dr. Easterling (Chair), Dr. Chance,
Dr. Crawford, Dr. Rea, Ms. Freeman

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

REQUEST FROM PETER STOKES AND PHIL AYERS OF THE MISSISSIPPI PHARMACISTS ASSOCIATION

Peter Stokes, Executive Director of the Mississippi Pharmacists Association, and Dr. Phil Ayers, the incoming President of the Association, had requested to discuss collaborative agreements between physicians and pharmacists. Basically, they provided a handout which provides the proposed language for the physician/pharmacist

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protocol agreements. A copy of the proposed change is attached hereto and incorporated by reference.

Following a brief discussion, motion was made by Dr. Brunson, seconded by Dr. Miles, and carried with the exception of Dr. Easterling opposing, for the Board to support the legislation required to move forward. There was additional discussion concerning the two (2) Boards getting together to tweak the language.

THE BOARD RECESSED AT 10:00 A.M. AND RETURNED AT 10:10 A.M.

REQUEST FROM PETE BERLOWITZ AND DAVID CLIPPINGER, M.D., WITH BETHEL FREE HEALTH CLINIC

Mr. Berlowitz, Board President of Bethel Free Health Clinic, had requested to appear before the Board to request amending §73-25-18 of the Mississippi State Board of Medical Licensure Mississippi Code 1972 to include contract, veterans administrations and active duty military physicians.

Mr. Berlowitz discussed the need for volunteer physicians in their clinic and asked for the Board's assistance. After a brief discussion, it was determined that House Bill 215 has been submitted and that it seems to cover most of the request. After a brief discussion, motion was made by Dr. Mayo, seconded by Dr. Miles, and carried that the Board would support House Bill 215.

HEARING IN THE CASE OF MARGARET JOAN MOORE, PA, MEMPHIS, TN. PA 00192, ORDER OF TEMPORARY SUSPENSION

Stan Ingram, Complaint Counsel for the Board, introduced PA Moore and her attorney Amanda Tollison. Mr. Ingram advised that since PA Moore had been served an Order of Temporary Suspension that per 73-25-89 a hearing must be held within fifteen (15) days of such action.

Mr. Ingram provided a brief summary of the charges in the Summons and Affidavit and then introduced several exhibits into the record. Ms. Tollison made a statement and also introduced several exhibits into the record. Ms. Tollison stated that Ms. Moore denied the charges in the Affidavit.

Ms. Moore was called to the witness stand and was sworn in by the court reporter. Ms. Moore was questioned by both Mr. Ingram and Ms. Tollison. Ms. Moore advised that she has never worked a day at Baptist - Desoto but does work at Baptist in Collierville, Germantown, Memphis and Olive Branch.

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Following several questions from Board members, Dr. Easterling advised Ms. Moore that the 15 mile rule does not refer to physician assistants but rather for advanced practice registered nurses and that she needs to go back and read the regulation again.

Motion was made by Dr. Mayo, seconded by Dr. Easterling, and carried that the Board enter into Executive Session to discuss a matter that could have an adverse affect on a licensee's license.

Upon a motion by Dr. Crawford, seconded by Dr. Mayo, and carried the Board came out of Executive Session at which time Dr. Crawford asked Dr. Miles to report on the Board's decision. Dr. Miles advised that the Board voted that PA Moore's license be reinstated pending a board approved protocol. A copy of the Order is attached hereto and incorporated by reference.

Ms. Moore was advised that she and Dr. Patel need to come to the Board to discuss and have her protocol approved prior to her beginning work in Mississippi.

A verbatim account of this proceeding was recorded by Cathy White, Court Reporter.

**PERSONAL APPEARANCE BY ANTHONY V. DALLAS, JR., M.D.,
HENDERSONVILLE, TN, MISSISSIPPI MEDICAL LICENSE NUMBER 21620,
REQUEST RESTRICTIONS BE LIFTED**

Mr. Ingram introduced Dr. Dallas and his attorney Joel Howell. Mr. Ingram briefly discussed the Consent Order that Dr. Dallas is currently under and provided the Board with a brief background. Mr. Ingram advised that Dr. Dallas was here today after sending the Board a Motion to Abate Probationary Period.

Mr. Howell addressed the Board and advised that Dr. Dallas has completed all the requirements of the suspension part of the Consent Order and was here today requesting the Board abate the probationary period and reinstate his license without restrictions.

Dr. Dallas was called to the witness stand and was sworn in by the Court Reporter. Dr. Dallas advised that he has worked for Care Here for ten (10) years, is licensed in multiple states, and handles setting up clinics and hiring employees. Dr. Dallas advised that no controlled substances are prescribed in any of the clinics. Dr. Dallas stated when they first began that Tramadol was not a controlled substance, but that it has been pulled from the Mississippi clinics.

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Following several questions from Board members, motion was made by Dr. Mayo, seconded by Dr. Miles, and carried that the Board enter into Executive Session to discuss a matter that could adversely affect a Licensee's license.

Upon a motion by Dr. Mayo, seconded by Dr. Crawford, the Board came out of Executive Session at which time Dr. Crawford asked Dr. Miles to report on the Board's decision. Dr. Miles advised that the Board voted to deny the request to remove the probationary period. A copy of the Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Cathy White, Court Reporter.

THE BOARD RECESSED FOR LUNCH AT 12:15 P.M. AND RETURNED AT 1:00 P.M.

PERSONAL APPEARANCE BY LON F. ALEXANDER, M.D., HATTIESBURG, MISSISSIPPI MEDICAL LICENSE NUMBER 10954, REQUEST REINSTATEMENT

Mr. Ingram introduced Dr. Alexander and his attorney Johnny Chapman. Mr. Ingram advised that Dr. Alexander was issued an Order of Prohibition in October 2013, and has complied with all requirements of the Order. Mr. Ingram advised that Dr. Alexander was here today to request his license be reinstated.

Mr. Ingram provided the Board with a brief background and history surrounding Dr. Alexander's case and entered several exhibits into the record.

Mr. Chapman discussed a letter from Acumen and asked Dr. Alexander to address the Board. Dr. Alexander was called to the witness stand and sworn in by the court reporter. Mr. Chapman also entered several exhibits into the record while questioning Dr. Alexander.

Following several questions from Board members, Dr. Alexander advised that he has a position at Forrest General in Hattiesburg and thanked the Board members for allowing him to appear and request reinstatement of his license.

Scott Hambleton, M.D., Medical Director, Mississippi Professionals Health Program (MPHP), was called to the witness stand and sworn in by the court reporter. Dr. Hambleton advised that Dr. Alexander had complied with all the requirements and that he was here today to provide advocacy for Dr. Alexander.

Following several questions from Board members, motion was made by Dr.

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Chance, seconded by Dr. Brunson, and carried unanimously that the Board reinstate Dr. Alexander's Mississippi medical license. A copy of the Order is attached hereto and incorporated by reference.

A verbatim account of this proceeding was recorded by Cathy White, Court Reporter.

**HEARING IN THE CASE OF BENJAMIN F. SANFORD, M.D., STARKVILLE,
MISSISSIPPI MEDICAL LICENSE NUMBER 08043**

Mr. Ingram introduced Tommie Cardin, attorney for Dr. Sanford, and stated that Mr. Cardin was here today without Dr. Sanford to discuss the proposed Letter of Agreement from the settlement conference held last week.

Following a brief discussion and several questions from Board members, Dr. Craig advised that he decided that the non-public Letter of Agreement was the way to handle the matter after discussing concerns over the lack of physicians in the Starkville area.

Motion was made by Dr. Miles, seconded by Dr. Mayo, and passed, with Dr. Easterling opposing, to accept the Letter of Agreement.

**HEARING IN THE CASE OF JOHN WARREN COX, M.D., WEST POINT,
MISSISSIPPI MEDICAL LICENSE NUMBER 08934**

Mr. Ingram advised that Dr. Cox was not here today but that Tommie Cardin was also his attorney and was here today to request a continuance in the matter.

Mr. Cardin addressed the Board and respectfully asked for a continuance until the March Board meeting. Motion was made by Dr. Mayo, seconded by Dr. Miles, and carried to grant the Continuance until the March Board meeting. A copy of the Order of Continuance is attached hereto and incorporated by reference.

**REQUEST FOR WAIVER FROM FOUR (4) CLINICS OF COMPREHENSIVE PAIN
SPECIALISTS (CPS)**

Ms. Julie Mitchell, attorney for CPS, addressed the Board and advised that they had sent the specs on the generator to be used in the Level II Office Based Surgery clinics and asked if the Board had made a decision. Ms. Mitchell also asked about the status of the pain certificates. Dr. Craig advised that the pain certificates were on hold until the waiver request was approved.

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Following a brief discussion concerning the generators versus the batteries requested, as well as the concerns raised by several Board members and a consumer member that is a contractor currently building a clinic, motion was made by Dr. Easterling, seconded by Dr. Mayo, and carried that CPS contact an engineer and have them provide the Board a letter stating the battery will provide adequate power for Level II Office Based Surgery.

HEARING IN THE CASE OF DOROTHY GILLESPIE, M.D., HATTIESBURG, MISSISSIPPI MEDICAL LICENSE NUMBER 09056

Mr. Ingram advised that Dr. Gillespie nor her attorney Al Shiyou were present today but had sent a Motion for Continuance until the March Board meeting.

Motion was made by Dr. Easterling, seconded by Dr. Lippincott, and carried to grant the Continuance until the March Board meeting. A copy of the Continuance is attached hereto and incorporated by reference.

HEARING IN THE CASE OF SHUNDA LYNETTE GARNER, M.D., JACKSON, MISSISSIPPI MEDICAL LICENSE NUMBER 16790

Mr. Ingram advised that Dave Porter with Taggart, Rimes & Graham was here today for Mr. Taggart who represents Dr. Garner to request a Continuance until the March Board meeting. Mr. Ingram advised that Mr. Taggart had sent the request for the Continuance back in December.

Motion was made by Dr. Mayo, seconded by Dr. Miles, and carried to grant the Continuance until the March Board meeting. A copy of the Continuance is attached hereto and incorporated by reference.

OTHER BUSINESS

Motion was made by Dr. Mayo, seconded by Dr. Chance, and carried that the Board enter into Executive Session to be given an investigative update on a matter that could result in adverse action against a licensee.

REQUEST APPROVAL FOR STAFF AND BOARD MEMBERS TO ATTEND THE ADMINISTRATORS IN MEDICINE AND FEDERATION OF STATE MEDICAL BOARD MEETINGS APRIL 22 - 25, 2015, IN FORTH WORTH, TX

Motion was made by Dr. Mayo, seconded by Dr. Miles, and carried to approve the expenses for staff and Board members attending meetings in Forth Worth, TX, April 22 - 25, 2015.

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REQUEST FROM STREAMCARE FOR A POLICY STATEMENT CONCERNING PHYSICIAN DISPENSING REQUIREMENTS

Dr. Craig advised that the Board had received a letter from StreamCare requesting a policy statement concerning physician dispensing and specific requirements outlined in the Board's regulation. Following a brief discussion, the Board agreed that if the seal is still on the package and/or bottle that you don't have to open the foil and count the meds. The Board requested that Dr. Craig notify StreamCare of the Board's decision and to advise them that the physician is still the only person allowed to attach the correct label on the medication and personally hand deliver the medication to the patient.

DISCUSS FEDERATION OF STATE MEDICAL BOARD MODEL POLICY ON TELEMEDICINE AND NORTH CAROLINA'S PROPOSED REVISIONS TO CLARIFY TELEMEDICINE

Dr. Brunson advised that his committee has discussed and edited the telemedicine regs and that they hope to have the proposed regulation ready to be voted on at the March meeting.

PROPOSED REGULATION CONCERNING TITLE 30, PART 2601, CHAPTER 5, ADMINISTRATIVE MEDICAL LICENSE

Dr. Mayo briefly discussed the Administrative Medical License reg and advised that the Rules, Regulation and Legislative Committee is making a motion of the Board's intent to adopt the regulation concerning administrative medical license. A copy of the proposed regulation is attached hereto and incorporated by reference. The regulation will be filed with the Secretary of State under the Administrative Procedures Act.

PROPOSED REGULATION CONCERNING TITLE 30, PART 2650, CHAPTER 2, PUBLIC RECORDS

Dr. Craig and Ms. O'Neal covered the proposed regulation and advised why the Board's needs to adopt a regulation to cover public records.

Following a brief discussion concerning a complaint that had been filed against the Board with the Ethics Commission and the fact that it has been dismissed, motion was made by Dr. Mayo, seconded by Dr. Miles, and carried of the Board's intent to adopt the proposed regulation concerning public records. A copy of the proposed regulation is attached hereto and incorporated by reference. The regulation will be filed with the Secretary of State under the Administrative Procedures Act.

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PROPOSED REGULATION CHANGES CONCERNING TITLE 30, PART 2601, CHAPTERS 1 & 2 AND PART 2605, CHAPTERS 1 - 5, PROFESSIONAL LICENSURE

Dr. Mayo briefly discussed the proposed changes in the regulations concerning professional licensure and advised that all the changes proposed were highlighted in yellow boxes. Following a brief discussion, Dr. Mayo advised that the Rules, Regulation and Legislative Committee is making a motion of the Board's intent to adopt the regulation concerning professional licensure. A copy of the proposed regulation is attached hereto and incorporated by reference. The regulation will be filed with the Secretary of State under the Administrative Procedures Act.

APPROVE EMPLOYEE MANUAL


After a brief discussion concerning dress codes, motion was made by Dr. Mayo, seconded by Dr. Crawford, and carried to approve the employee manual but add a statement at the end of the first sentence that states, "except where prior approval for medical or religious reasons/problems is granted by the Executive Director."

FOR INFORMATIONAL PURPOSES, 2014 ANNUAL REPORT

Dr. Craig advised that a copy of the Board's 2014 Annual Report was included for their information.

ADJOURNMENT

There being no further business, the meeting adjourned at 2:00 p.m., with the next meetings tentatively scheduled to start the Executive Committee at 9:00 a.m., on Wednesday, March 18, and begin the Full Board at 1:00 p.m. on Wednesday, March 18, and continuing at 9:00 a.m., on Thursday, March 19, 2015. A final decision will be made after the Board has more information on upcoming hearings.



Virginia M. Crawford, M.D.
President

Minutes taken and transcribed
by Sherry H. Pilgrim
Staff Officer
January 15, 2015

PHYSICIAN/PHARMACIST PROTOCOL AGREEMENTS IN MISSISSIPPI

INSTITUTIONAL PHARMACIST

Can enter into a broad, multiple patient drug therapy written protocols with a practitioner

"Written Protocol" shall mean an agreement in which any practitioner authorized to prescribe drugs delegates to a pharmacist authority to conduct specific initiation and/or modification of drug therapy functions in an Institutional setting. See Article XXXVI

Institutional pharmacists must develop protocols for identifying adverse reactions and other patient care criteria

Placed on file with the Board of Pharmacy, duration not to exceed two years, and notice to the patient

Mississippi Code Annotated 73-21-73 (II)

CURRENT LANGUAGE:

"Written guideline or protocol" means an agreement in which any practitioner authorized to prescribe drugs delegates to a pharmacist authority to conduct specific prescribing functions in an institutional setting, or with individual patients, provided that a specific protocol agreement is signed on each patient and is filed by law or by rule or regulation of the Board.

PROPOSED LANGUAGE:

"Written guideline or protocol" means an agreement in which any practitioner authorized to prescribe drugs delegates to a pharmacist authority to conduct specific prescribing functions in an institutional setting, or with individual patients, provided that a specific protocol agreement is signed on each patient and is filed as required by law or by rule or regulation of the board.

* OMIT RED TEXT

COMMUNITY PHARMACIST

Can only enter into single patient drug therapy written protocols with a practitioner therapy written protocols with a practitioner

"Written protocol" in a community pharmacy out-patient setting requires a specific protocol agreement be signed on each patient for whom a practitioner delegates any authority to initiate or modify drug therapy See Article XXXVI

Community pharmacy written protocol agreements are subject of the same criteria

Placed on file with the Board of Pharmacy, duration one year, and notice to the patient

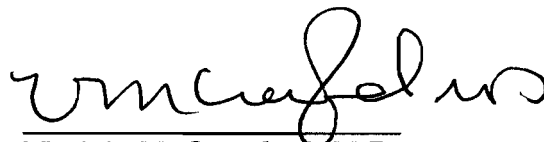
EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
January 15, 2015

AGENDA ITEM: Hearing in the case of Margaret J. Moore, PA

In a motion made by Dr. Brunson, seconded by Dr. Mayo, and carried the Board voted that PA Moore's license be reinstated pending a board approved protocol.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Claude D. Brunson, M.D.	X			
Rickey L. Chance, D.O.	X			
John C. Clay, M.D.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.	X			
C. Ken Lippincott, M.D.	X			
William S. Mayo, D.O.	X			
Charles D. Miles, M.D..	X			
J. Ann Rea, M.D.				X

With a motion by Dr. Crawford, seconded by Dr. Mayo, the Board came out of Executive Session.



Virginia M. Crawford, M.D.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN ASSISTANT LICENSE

OF

MARGARET JOAN MOORE, P.A.

ORDER

THIS MATTER came on regularly for hearing on January 15, 2015, before the Mississippi State Board of Medical Licensure (hereinafter "Board"), pursuant to Title 73, Chapter 25 of Mississippi Code (1972) Annotated. The Board initiated these proceedings on January 9, 2015, by issuance of a Summons and Affidavit and Order of Temporary Suspension against Margaret Joan Moore, P.A. (hereinafter "Licensee"), setting forth as grounds for disciplinary action, two separate charges of violation of Miss. Code Ann. Sections 73-25-29 and 73-25-83.

Licensee was present, represented by Honorable Amanda Jones Tollison. Complaint Counsel for the Board was Honorable Stan T. Ingram. Sitting as legal advisor to the Board was Honorable Ellen O'Neal, Assistant Attorney General. Board members present for all proceedings were: Virginia Crawford, M.D., President; William S. Mayo, D.O.; Charles D. Miles, M.D., S. Randall Easterling, M.D.; Claude D. Brunson, M.D.; Rickey L. Chance, D.O.; John Clay, M.D., and Ken Lippincott, M.D.

Based upon the evidence and testimony presented, the Board renders the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

1. Licensee is a physician assistant licensed to practice in the State of Mississippi, currently holding License No. PA00192. Said license is current until June 30, 2015.

2. That on May 6, 2014, Licensee completed an on-line renewal of her physician assistant license, indicating on the renewal form that she did not collaborate with a physician. Approximately two weeks later, on May 19, 2014, the Board was in receipt of an undated letter from Mark F. Brady, M.D., informing the Board that he had been "named" as an alternate supervisor to Licensee's practice location at Baptist Memorial Hospital - DeSoto County, located in Southaven, Mississippi. During the hearing, Licensee denied any knowledge of this letter. On June 24, 2014, Bureau Director Rhonda Freeman corresponded with Licensee, advising Licensee of Dr. Brady's letter and further advising that the Board staff could not find any documentation from her requesting an approved protocol at that location. Licensee choose not to respond to the Board's inquiry.

4. Title 30: Professions and Occupations, Part 2615, Rule 1.5. of the Board's *Rules and Regulations Governing Physician Assistants*, expressly states that a physician assistant shall enter into a "mutually agreed upon protocol" with the primary and back-up supervising physicians. Said rule further provides that "although licensed, no physician assistant shall practice until a duly executed protocol has been approved by the Board."

5. Despite the aforementioned prohibition against a physician assistant practicing until she/he has entered into a mutually agreed upon protocol with the supervising physician and secured approval from the Board, Licensee began practicing at a clinic in Olive Branch, Mississippi, on or about November 13, 2014, and thereafter

practiced at that location until the order of temporary suspension was issued. A review of prescription records obtained through the Mississippi Prescription Monitoring Program indicated an extensive prescribing history including the prescribing of controlled substances.

6. During the hearing, Licensee testified that she was under the mistaken belief that she could practice in Mississippi pursuant to a protocol which the supervising physicians had entered into with another physician assistant.

CONCLUSIONS OF LAW

Licensee is guilty of operating outside of the scope of practice of a licensed Physician Assistant by practicing medicine without a written protocol duly approved by the Board in violation of Title 30, Part 2615, Chapter 1, Section 1.5 of the *Rules and Regulations of the Board Governing Physician Assistants*; all in violation of Miss. Code Ann., § 73-25-29(13).

Licensee is also guilty of unprofessional conduct, which includes, but is not limited to being guilty of any dishonorable or unethical conduct likely to deceive, defraud or harm the public, all in violation of Miss. Code Ann., § 73-25-29(8)(d) and § 73-25-83(a).

ORDER

IT IS THEREFORE ORDERED that based upon the Findings of Fact and Conclusions of Law enumerated above, Mississippi Physician Assistant License No. P00192, duly issued to Margaret Joan Moore, P.A., is hereby reinstated, provided, however, Licensee shall not practice in any manner or form until such time as she and her supervising physician personally appear before the executive director of the Board, submit their proposed protocol and secures approval thereof.

IT IS FURTHER ORDERED, that Licensee shall reimburse the Board for all costs incurred in relation to the pending matter pursuant to Miss. Code Ann. § 73-25-30, with said amount not to exceed \$10,000. Licensee shall be advised of the total assessment by separate notification, and shall tender to the Board a certified check or money order on or before forty (40) days from the date the assessment is mailed to Licensee via U. S. mail at the address shown above.

IT IS FURTHER ORDERED that pursuant to Section 73-25-27, a copy of this Determination and Order shall be sent by registered mail or personally served upon Margaret Joan Moore, P.A. or her counsel.

SO ORDERED, this the 15th day of January, 2015.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:



**VIRGINIA CRAWFORD, M.D.
PRESIDENT**

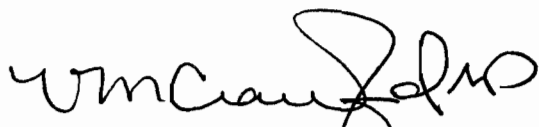
EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
January 15, 2015

AGENDA ITEM: Personal appearance by Anthony V. Dallas, Jr., M.D.

In a motion made by Dr. Easterling, seconded by Dr. Mayo, and carried the Board vote to deny the request to remove the probationary period.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Claude D. Brunson, M.D.	X			
Rickey L. Chance, D.O.	X			
John C. Clay, M.D.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.	X			
C. Ken Lippincott, M.D.	X			
William S. Mayo, D.O.	X			
Charles D. Miles, M.D..	X			
J. Ann Rea, M.D.				X

With a motion by Dr. Mayo, seconded by Dr. Crawford, the Board came out of Executive Session.



Virginia M. Crawford, M.D.
President

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

OF

ANTHONY VERNON DALLAS, JR., M.D.

ORDER

THIS MATTER came on regularly for hearing on January 15, 2015, before the Mississippi State Board of Medical Licensure (hereinafter "Board"), pursuant to Title 73, Chapter 25 of Miss. Code Ann. (1972) in response to a motion filed Anthony Vernon Dallas, Jr., M.D. (hereinafter "Licensee"), requesting that the Board abate any further enforcement of that certain Consent Order entered into by and between the Board and Licensee on September 4, 2014. Stated differently, Licensee submitted proof that he has completed all of the required continuing education and Juris Prudence Examination during the three (3) month suspension period and requests the Board to abate that time which remains on the one (1) year probationary term.

Licensee was present, represented by Honorable Joel W. Howell, III. Complaint Counsel for the Board was Honorable Stan T. Ingram. Sitting as legal advisor to the Board was Honorable Ellen O'Neal, Assistant Attorney General. Board members present for all proceedings were: Virginia Crawford, M.D., President; William S. Mayo, D.O.; Charles D. Miles, M.D., S. Randall Easterling, M.D.; Claude D. Brunson, M.D.; Rickey L. Chance, D.O.; John Clay, M.D.; and Ken Lippincott, M.D.

After consideration of the motion, arguments of counsel and all testimony presented, the Board does not find the motion to be well taken. Licensee understood the terms and conditions of the Order as agreed to and executed by the parties on September 4, 2014.

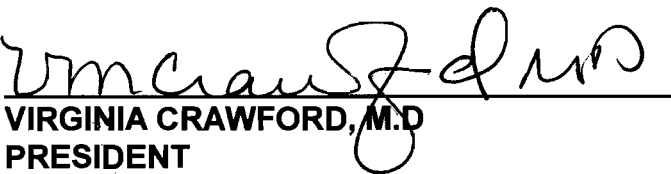
Other conditions were imposed on Licensee during the remainder of the one (1) year probationary term and it is the Board's wish that Licensee remain subject thereto. Licensee's Motion for Abatement is denied.

IT IS FURTHER ORDERED that pursuant to Section 73-25-27, a copy of this Determination and Order shall be sent by registered mail or personally served upon Anthony Vernon Dallas, Jr., M.D. or his counsel, Joel W. Howell, III.

SO ORDERED, this the 15th day of January, 2015.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY:



VIRGINIA CRAWFORD, M.D.
PRESIDENT

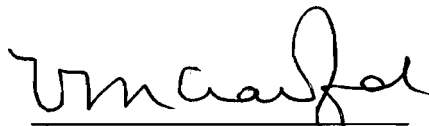
EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
January 15, 2015

AGENDA ITEM: Personal appearance by Lon F. Alexander, M.D.

In a motion made by Dr. Chance, seconded by Dr. Brunson, and carried the Board vote to reinstate Dr. Alexander's license.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Claude D. Brunson, M.D.	X			
Rickey L. Chance, D.O.	X			
John C. Clay, M.D.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.	X			
C. Ken Lippincott, M.D.	X			
William S. Mayo, D.O.	X			
Charles D. Miles, M.D..	X			
J. Ann Rea, M.D.				X

With a motion by Dr. Mayo, seconded by Dr. Crawford, the Board came out of Executive Session.


Virginia M. Crawford, M.D.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

LON F. ALEXANDER, M.D.

REINSTATEMENT OF LICENSURE

THIS MATTER came on regularly for consideration on January 15, 2015, before the Mississippi State Board of Medical Licensure, in response to the petition of Lon F. Alexander, M.D. (hereinafter "Licensee"), seeking authorization to return to the practice medicine in the State of Mississippi. By virtue of that certain Determination and Order dated January 16, 2014, Licensee was indefinitely suspended from practicing medicine in the State of Mississippi. Licensee had the right to petition for return to practice at such time as Licensee received appropriate treatment and obtained affiliation with the Mississippi Professionals Health Program (hereinafter "MPHP"). During the hearing, Scott Hambleton, M.D., MPHP, provided verification of Licensee's compliance indicating that Licensee has taken all steps necessary to obtain affiliation with the MPHP. After hearing all testimony and considering all evidence, the Board finds Licensee's request to be well taken.

IT IS HEREBY ORDERED, that Licensee's certificate to practice medicine in the state of Mississippi is hereby reinstated effective January 15, 2015.

IT IS FURTHER ORDERED, that pursuant to Section 73-25-27, a copy of this Order shall be sent by registered mail, or personally served upon Lon F. Alexander, M.D. Because Dr. Alexander was informed of this decision following Board deliberations, the Order shall be given immediate effect.

SO ORDERED, this the 15th day of January, 2015.

MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE

BY:



VIRGINIA CRAWFORD, M.D.
PRESIDENT

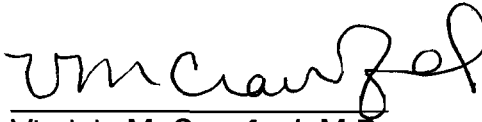
EXECUTIVE SESSION
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
January 15, 2015

AGENDA ITEM: Hearing in the case of Benjamin F. Sanford, M.D.

In a motion made by Dr. Miles, seconded by Dr. Mayo, and carried the Board voted to send a Non-Public Letter of Concern.

<u>VOTE:</u>	<u>FOR</u>	<u>AGAINST</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Claude D. Brunson, M.D.	X			
Rickey L. Chance, D.O.	X			
John C. Clay, M.D.	X			
Virginia M. Crawford, M.D.	X			
S. Randall Easterling, M.D.	X			
C. Ken Lippincott, M.D.	X			
William S. Mayo, D.O.	X			
Charles D. Miles, M.D..	X			
J. Ann Rea, M.D.				X

With a motion by Dr. Crawford, seconded by Dr. Mayo, the Board came out of Executive Session.


Virginia M. Crawford, M.D.
President

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

JOHN WARREN COX, M.D.

ORDER OF CONTINUANCE

THIS MATTER came on regularly for hearing on January 15, 2015, before the Mississippi State Board of Medical Licensure in response to a request for continuance of the hearing set for this date filed by John Warren Cox, M.D. (hereinafter "Licensee") through his attorney, Tommie S. Cardin. After consideration of the matter, the Board finds Licensee's motion to be well taken.

IT IS, THEREFORE, ORDERED, that this matter is continued until the next regularly scheduled Board meeting.

SO ORDERED, this the 15th day of January, 2015.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: _____


**VIRGINIA CRAWFORD, M.D.
PRESIDENT**

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

DOROTHY GILLESPIE, M.D.

ORDER OF CONTINUANCE

THIS MATTER came on regularly for hearing on January 15, 2015, before the Mississippi State Board of Medical Licensure in response to a request for continuance of the hearing set for this date filed by Dorothy Gillespie, M.D. (hereinafter "Licensee") through her attorney, Al Shiyou. After consideration of the matter, the Board finds Licensee's motion to be well taken.

IT IS, THEREFORE, ORDERED, that this matter is continued until the next regularly scheduled Board meeting.

SO ORDERED, this the 15th day of January, 2015.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: _____


**VIRGINIA CRAWFORD, M.D.
PRESIDENT**

BEFORE THE MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

IN THE MATTER OF THE PHYSICIAN'S LICENSE

OF

SHUNDA LYNETTE GARNER, M.D.

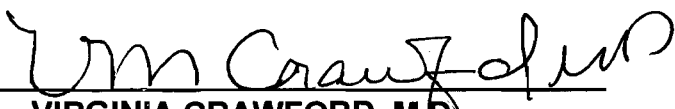
ORDER OF CONTINUANCE

THIS MATTER came on regularly for hearing on January 15, 2015, before the Mississippi State Board of Medical Licensure in response to a request for continuance of the hearing set for this date filed by Shunda Lynette Garner, M.D. (hereinafter "Licensee") through her attorney, Andy Taggert. After consideration of the matter, the Board finds Licensee's motion to be well taken.

IT IS, THEREFORE, ORDERED, that this matter is continued until the next regularly scheduled Board meeting.

SO ORDERED, this the 15th day of January, 2015.

**MISSISSIPPI STATE BOARD OF
MEDICAL LICENSURE**

BY: 
VIRGINIA CRAWFORD, M.D.
PRESIDENT

Mississippi Secretary of State
 700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Board of Medical Licensure		CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-3079	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL rhonda@msbml.ms.gov	SUBMIT DATE 1-15-2015	Name or number of rule(s): Part 2601 Chapter 8. Administrative Medical License		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: This is a new proposed rule. This rule will allow physicians who are not in the active practice of medicine provide services administratively.

Specific legal authority authorizing the promulgation of rule: 73-43-11

List all rules repealed, amended, or suspended by the proposed rule: N/A

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.

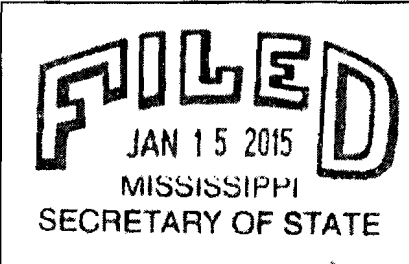
ECONOMIC IMPACT STATEMENT:

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

Printed name and Title of person authorized to file rules: Rhonda Freeman, Bureau Director

Signature of person authorized to file rules: *Rhonda Freeman*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by #20997 <i>[Signature]</i>	Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Part 2601 Chapter 8: Administrative Medical License

Rule 8.1 Definitions. For the purpose of Part 2601 Chapter 8, the following terms have the meanings indicated:

- A. “Administrative Medical License” means a license to engage in professional, managerial, or administrative activities related to the practice of medicine or to the delivery of health care services, but does not include nor permit the practice of clinical medicine or the right to engage in medical research including clinical trials on humans.
- B. “Clinical Medicine” means medical practice that includes but is not limited to:
 - 1. Direct involvement in patient evaluation, diagnosis, or treatment;
 - 2. Prescribing of any medication;
 - 3. Delegating medical acts or prescribing authority; or
 - 4. Supervision of physicians, physician’s assistants, or advanced practice registered nurses in the practice of clinical medicine.

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

Rule 8.2 Administrative Medical License. The Board may issue an administrative medical license to a physician who meets all qualifications for full licensure in the state, including payment of a fee set by the Board but who does not intend to provide medical or clinical services to or for patients while in possession of an administrative medical license and signs a notarized statement to that effect. An administrative medical license is subject to annual renewal.

In addition to the restrictions as noted in Rule 8.1 above, any person holding an administrative medical license shall be subject to all other provisions of the Medical Practice Law, Sections 73-25-1, et. seq., and the Administrative Code of the Board, where deemed applicable.

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

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Board of Medical Licensure		CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-3079	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL rhonda@msbml.ms.gov	SUBMIT DATE 1-15-2015	Name or number of rule(s): Part 2650 Chapter 2: Public Records		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: MS Law states that Board's must make public records available; therefore, the Board is proposing this Public Records rule to assist the Board in providing said records to the public.

Specific legal authority authorizing the promulgation of rule: 73-43-11

List all rules repealed, amended, or suspended by the proposed rule: N/A

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 type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input checked="" 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 checked="" 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: Rhonda Freeman, Bureau Director

Signature of person authorized to file rules: *Rhonda Freeman*

OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP <div style="border: 1px solid black; padding: 10px; text-align: center;"> FILED JAN 15 2015 MISSISSIPPI SECRETARY OF STATE </div> Accepted for filing by <i>#20996 [Signature]</i>	OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> 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.

Part 2650 Chapter 2: Public Records

Rule 2.1 Authority and purpose. "It is the policy of the Legislature that public records must be available for inspection by any person unless otherwise provided by this act. Furthermore, providing access to public records is a duty of each public body and automation of public records must not erode the right of access to those records." Section 25-61-1, Miss. Code of 1972.

"[A]ll public records are hereby declared to be public property, and any person shall have the right to inspect, copy or mechanically reproduce or obtain a reproduction of any public record of a public body in accordance with reasonable written procedures adopted by the public body concerning the cost, time, place and method of access, and public notice of the procedures shall be given by the public body." Section 25-61-5, Miss. Code of 1972.

The act defines "public record" to include "all books, records, papers, accounts, letters, maps, photographs, films, cards, tapes, recordings or reproductions thereof, and any other documentary materials, regardless of physical form or characteristics, having been used, being in use, or prepared, possessed or retained for use in the conduct, transaction or performance of any business, transaction, work, duty or function of any public body, or required to be maintained by any public body." Section 25-61-3(b).

The purpose of these rules is to establish the procedures the Board of Medical Licensure will follow in order to provide full access to public records. These rules provide information to persons wishing to request access to public records of the Board of Medical Licensure and establish processes for both requestors and the Board of Medical Licensure staff that are designed to best assist members of the public in obtaining such access.

The purpose of the act is to provide the public full access to public records concerning the conduct of government. These rules will be interpreted in favor of disclosure. In carrying out its responsibilities under the act, the Board of Medical Licensure will be guided by the provisions of the act describing its purposes and interpretation.

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

Rule 2.2 Public body description--Contact information--Public records officer.

(1) The Board of Medical Licensure is a regulatory agency that licenses and regulates the practice of medical, osteopathic and podiatric physicians, as well as physician assistants, radiologist assistants, acupuncturists and limited x-ray machine operators. The Board's central office is located at 1867 Crane Ridge Drive, Suite 200-B, Jackson, MS 39216.

(2) Any person wishing to request access to public records of the Board, or seeking assistance in making such a request should contact the public records officer of the Board:

Public Records Officer
Mississippi State Board of Medical Licensure
1867 Crane Ridge Drive, Suite 200-B

Jackson, MS 39216

(601) 987-3079

(601) 987-4159 (facsimile)

mboard@msbml.ms.gov

Information is also available at the Board's web site at www.msbml.ms.gov.

(3) The public records officer will oversee compliance with the act and these rules, but another Board staff member may process the request. Therefore, these rules will refer to the public records officer or "designee." The public records officer or designee and the Board will provide the fullest assistance to requestors; ensure that public records are protected from damage or disorganization; and prevent fulfilling public records requests from causing excessive interference with essential functions of the Board.

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

Rule 2.3 Availability of public records.

(1) **Hours for inspection of records.** Public records are available for inspection and copying during normal business hours of the Board, Monday through Friday, 8:00 a.m. to 5:00 p.m., excluding legal holidays. Records must be inspected at the offices of the Board. The time, place and manner of inspection and copying of records will not be allowed to interfere with other essential duties of the Board.

(2) **Organization of records.** The Board will maintain its records in a reasonably organized manner. The Board will take reasonable actions to protect records from damage and disorganization. A requestor shall not take Board records from Board offices. A variety of records is available on the Board's web site at www.msbml.ms.gov. Requestors are encouraged to view the documents available on the web site prior to submitting a records request.

(3) Making a request for public records.

(a) Any person wishing to inspect or copy public records of the Board should make the request in writing on the Board's request form, or by letter, fax, or e-mail addressed to the public records officer and including the following information:

Name of requestor;

Address of requestor;

Other contact information, including telephone number and any e-mail address;

Identification of the public records adequate for the public records officer or designee to locate the records; and

The date and time of day of the request.

(b) If the requestor wishes to have copies of the records made instead of simply inspecting them, he or she should so indicate and make arrangements to pay for copies of the records or a deposit. Pursuant to Rule 1.9 of this policy, standard photocopies will be provided at fifteen (15) cents per page.

(c) A form is available for use by requestors at the office of the public records officer and on-line at www.msbl.ms.gov.

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

Rule 2.4. Processing of public records requests – General.

(1) **Providing access.** The Board acknowledges that “providing access to public records is a duty” and that “any person shall have the right to inspect, copy or mechanically reproduce or obtain a reproduction of any public record” in accordance with these policies. Sections 25-61-1 and 25-61-5. The public records officer or designee will process requests in the order allowing the most requests to be processed in the most efficient manner.

(2) **Acknowledging receipt of request.** Within five business days of receipt of the request, the public records officer will do one or more of the following:

(a) Make the records available for inspection or copying;

(b) If copies are requested and payment of a deposit for the copies, if any, is made or terms of payment are agreed upon, send the copies to the requestor;

(c) Provide a reasonable estimate of when records will be available; or

(d) If the request is unclear or does not sufficiently identify the requested records, request clarification from the requestor. Such clarification may be requested and provided by telephone. The public records officer or designee may revise the estimate of when records will be available; or

(e) Deny the request, stating the reason for the denial in writing.

(3) **Consequences of failure to respond.** If the Board does not respond in writing within five business days of receipt of the request for disclosure, the requestor should consider contacting the public records officer to determine the reason for the failure to respond.

(4) **Records exempt from disclosure.** Some records are exempt from disclosure, in whole or in part. If the Board believes that a record is exempt from disclosure and should be withheld, the public records officer will deny the request in writing as set out in Rule 1.4 (2)(d) above, stating the specific exemption. If only a portion of a record is exempt from disclosure, but the remainder is not exempt, the public records officer will redact the exempt portions, provide the nonexempt portions, and indicate to the requestor why portions of the record are being redacted.

(5) Inspection of records.

(a) Consistent with other demands, the Board shall promptly provide space to inspect public records. No member of the public may remove a document from the viewing area or disassemble or alter any document. The requestor shall indicate which documents he or she wishes the public body to copy.

(b) The requestor must claim or review the assembled records within thirty days of the Board's notification to him or her that the records are available for inspection or copying. The public body will notify the requestor in writing of this requirement and inform the requestor that he or she should contact the public body to make arrangements to claim or review the records. If the requestor or a representative of the requestor fails to claim or review the records within the thirty-day period or make other arrangements, the Board may close the request and refile the assembled records. Other public records requests can be processed ahead of a subsequent request by the same person for the same or almost identical records, which can be processed as a new request.

(6) **Providing copies of records.** After inspection is complete, the public records officer or designee shall make the requested copies or arrange for copying.

(7) **Providing records in installments.** When the request is for a large number of records, the public records officer or designee will provide access for inspection and copying in installments, if he or she reasonably determines that it would be practical to provide the records in that way. If, within thirty days, the requestor fails to inspect the entire set of records or one or more of the installments, the public records officer or designee may stop searching for the remaining records and close the request.

(8) **Completion of inspection.** When the inspection of the requested records is complete and all requested copies are provided, the public records officer or designee will indicate that the Board has completed a diligent search for the requested records and made any located nonexempt records available for inspection.

(9) **Closing withdrawn or abandoned request.** When the requestor either withdraws the request or fails to fulfill his or her obligations to inspect the records or pay the deposit or final payment for the requested copies, the public records officer will close the request and indicate to the requestor that the Board has closed the request.

(10) **Later discovered documents.** If, after the Board has informed the requestor that it has provided all available records, the Board becomes aware of additional responsive documents existing at the time of the request, it will promptly inform the requestor of the additional documents and provide them on an expedited basis.

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

Rule 2.5 Processing of public records requests – Electronic records.

(1) **Requesting electronic records.** The process for requesting electronic public records is the same as for requesting paper public records.

(2) **Providing electronic records.** When a requestor requests records in an electronic format, the public records officer will provide the nonexempt records or portions of such records that are reasonably locatable in an electronic format that is used by the public body and is generally commercially available, or in a format that is reasonably translatable from the format in which

the public body keeps the record. Costs for providing electronic records are governed by Rule 1.9.

(3) Customized access to data bases. With the consent of the requestor, the Board may provide customized access if the record is not reasonably locatable or not reasonably translatable into the format requested. The Board may charge the actual cost for such customized access.

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

Rule 2.6 Exemptions. The Public Records Act, as well as other statutes and court decisions, provide that a number of types of documents are exempt from public inspection and copying. In addition, other statutes or rules of law, such as various privacy restrictions, may prohibit disclosure. Requestors should be aware of the following exemptions, outside the Public Records Act, that restrict the availability of some documents held by the Board for inspection and copying:

Academic records exempt from public access, see § 37-11-51.

Appraisal records exempt from access, see § 31-1-27.

Archaeological records exempt from public access, see § 39-7-41.

Attorney work product, examination, exemption, see § 25-1-102.

Birth Defects Registry, see § 41-21-205.

Bureau of vital statistics, access to records, see § 41-57-2.

Charitable organizations, registration information, exemption from public access, see § 79-11-527.

Concealed pistols or revolvers, licenses to carry, records, exemption, see § 45-9-101.

Confidentiality, ambulatory surgical facilities, see § 41-75-19.

Defendants likely to flee or physically harm themselves or others, see § 41-32-7.

Environmental self-evaluation reports, public records act, exemption, see § 49-2-71.

Hospital records, Mississippi Public Records Act exemption, see § 41-9-68.

Individual tax records in possession of public body, exemption from public access requirements, see § 27-3-77.

Insurance and insurance companies, risk based capital level requirements, reports, see § 83-5-415.

Judicial records, public access, exemption, see § 9-1-38.

Jury records exempt from public records provisions, see § 13-5-97.

Licensure application and examination records. exemption from Public Records Act, see § 73-52-1.

Medical examiner, records and reports, see § 41-61-63.

Personnel files exempt from examination, see § 25-1-100.

Public records and trade secrets, proprietary commercial and financial information, exemption from public access, see § 79-23-1.

Workers' compensation, access to records, see § 71-3-66.

Records subject to privilege, such as Attorney/Client, Physician/Patient, etc.

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

Rule 2.7 Third Party Information. When any person files or submits documents with the Board which the filer contends are exempt from disclosure under the Public Records Act, the filer shall provide a written statement at the time of filing which shall describe the documents filed and which shall fully explain why the documents are designated as exempt from disclosure and must specifically cite any statute or other legal authority in support of such designation. Such written statement shall itself be a public record subject to disclosure.

Any document filed with the Board which contains trade secrets or confidential commercial or financial information subject to the protection of any applicable law or court decision shall be clearly designated as such by the filer on its face and accompanying cover letter at the time of filing and shall be placed in an envelope other than white. Each page of each document shall be marked confidential. Upon request to inspect or copy any document so designated, the Board shall notify the person who filed the document. Thirty (30) days after such notice, the document will be made available for public inspection or copying unless the filer shall have obtained a court order protecting such records as confidential pursuant to Section 25-61-9, Miss. Code of 1972.

Any person filing documents with the Board shall, prior to filing, redact from the documents any social security numbers, account numbers or dates of birth not required to be listed. The Board shall determine on a case-by-case basis whether similar information may be redacted by the filer to prevent identity theft. In no event will the Board bear any responsibility for a filer's failure to redact such information which leads to or may lead to identity theft or other crime or loss.

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

Rule 2.8 Costs of providing public records.

(1) **Costs for paper copies.** Section 25-61-7(1), Miss. Code of 1972, reads as follows: "Except as provided in subsection (2) of this section, each public body may establish and collect fees reasonably calculated to reimburse it for, and in no case to exceed, the actual cost of searching, reviewing and/or duplicating and, if applicable, mailing copies of public records."

A requestor may obtain standard black and white photocopies for fifteen (15) cents per page and color copies for twenty-five (25) cents per page.

Before the Board begins to make the copies, the requestor must pre-pay all reasonably estimated costs of copying all the records selected by the requestor. The public records officer or designee may also require the payment of the remainder of the copying costs before providing all the records in an installment before providing that installment.

(2) **Costs for electronic records.** The cost of electronic copies of records shall be ten (10) dollars for information on a CD-ROM. The cost of scanning existing MSBML paper or other non-electronic records is ten (10) cents per page. There will be no charge for e-mailing electronic records to a requestor, unless another cost applies such as a scanning fee or system costs allowed under Section 25-61-7(2), Miss. Code of 1972.

(3) **Costs of mailing.** The Board may also charge actual costs of mailing, including the cost of the shipping container.

(4) **Payment.** Payment may be made by cash, check, or money order to the Board.

(5) **Charges for searching, reviewing and redacting.** The actual cost of searching for and reviewing and, if necessary, redacting exempt information from public records shall be based upon the hourly rate of compensation for the lowest paid agency employee qualified to perform the task, which shall be multiplied by the actual time to complete the task.

(6) The Board may require payment in advance for all costs before providing copies or access to records.

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

Rule 2.9 Review of denials of public records.

(1) **Petition for internal administrative review of denial of access.** Any person who objects to the initial denial or partial denial of a records request may petition in writing (including e-mail) to the public records officer for a review of that decision. The petition must include a copy of or reasonably identify the written statement by the public records officer or designee denying the request.

(2) **Consideration of petition for review.** The public records officer must promptly provide the petition and any other relevant information to the Board's Executive Director. The Executive Director will immediately consider the petition and either affirm or reverse the denial within two

business days following the Board's receipt of the petition, or within such other time as the Board and the requestor mutually agree to.

(3) **Review by the Ethics Commission.** Pursuant to Section 25-61-13, if the Board denies a requestor access to public records, the requestor may ask the Ethics Commission to review the matter. The Ethics Commission has adopted rules on such requests. They may be found at www.ethics.state.ms.us.

(4) **Judicial review.** Any person whose request for public records was denied may institute a suit in the chancery court of Hinds County, seeking to reverse the denial, as set forth in Section 25-61-13.

Mississippi Secretary of State
 700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Board of Medical Licensure		CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-3079	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL rhonda@msbml.ms.gov	SUBMIT DATE 1-21-2015	Name or number of rule(s): Part 2601 Chapters 1-7		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Board Administrative Code Part 2601 Chapter 1 is being amended for clarification and to include additional professions and definitions. Part 2601 Chapters 2, 3, 4, 6 and 7 are being deleted in their entirety in order to move to Part 2605. Part 2601 Chapter 5 is becoming Part 2601 Chapter 2. Specific legal authority authorizing the promulgation of rule: 73-43-11

List all rules repealed, amended, or suspended by the proposed rule: Part 2601 Chapters 1, 2, 3, 4, 5, 6, & 7

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.

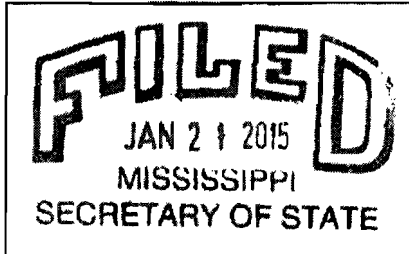
ECONOMIC IMPACT STATEMENT:

- 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 type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input checked="" 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 checked="" 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: Rhonda Freeman, Bureau Director

Signature of person authorized to file rules: *Rhonda Freeman*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by #21001 <i>[Signature]</i>	Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.

Part 2601: Professional Licensure

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. “RCPS” means Royal College of Physicians and Surgeons.
- F. “ABMS” means American Board of Medical Specialties.
- G. “AMA” means the American Medical Association.
- H. “FSMB” means the Federation of State Medical Boards.
- I. “FLEX” means the Federation Licensing Examination administered through the FSMB.
- J. “NBME” means National Board of Medical Examiners.
- K. “USMLE” means United States Medical Licensing Examination administered jointly through the FSMB and NBME.
- L. “SPEX” means the Special Purpose Examination administered through the FSMB.
- M. “NBOME” means the National Board of Osteopathic Medical Examiners.

- N. “COMLEX” means the Comprehensive Osteopathic Medical Licensing Examination administered through the NBOME.
- O. “COMVEX” means the Comprehensive Osteopathic Medical Variable-Purpose Examination administered through the NBOME.
- P. “AOA” means American Osteopathic Association.
- Q. “LMCC” means Licentiate of the Medical Council of Canada.
- R. “APMA” means American Podiatric Medical Association.
- S. “ABPM” means American Board of Podiatric Medicine.
- T. “ABPS” means American Board of Podiatric Surgery.
- U. “FPMB” means Federation of Podiatric Medical Boards.
- V. “CPME” means Council on Podiatric Medical Education.
- W. “NBPME” means National Board of Podiatric Medical Examiners.
- X. “APMLE” means American Podiatric Medical Licensing Examination administered through the NBPME.
- Y. “NPDB” means National Practitioner Data Bank.
- Z. “ECFMG” means the Education Commission for Foreign Medical Graduates.
- AA. “Foreign Medical School” means any medical college or college of osteopathic medicine located outside the United States, Canada or Puerto Rico.
- BB. “IMED” means International Medical Education Directory.
- CC. “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.

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.

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 2601: ~~Licensure and Examinations~~ Professional Licensure

Part 2601 Chapter 1: Licensure Rules Governing the Practice of ~~Medical Doctors~~ Allopathic Physicians, Osteopathic Physicians, and 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, ~~or~~ podiatric medicine, or acupuncture in the state of Mississippi ~~whether by examination or by endorsement~~, and to all individuals practicing allopathic medicine, osteopathic medicine, ~~or~~ 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 ~~Part 2601 Chapters 1 through 4~~ 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. “RCPS” means Royal College of Physicians and Surgeons.
- F. “ABMS” means American Board of Medical Specialties.
- G. “AMA” means the American Medical Association.
- H. “FSMB” means the Federation of State Medical Boards of the United States, Incorporated.
- I. “FLEX” means the Federation Licensing Examination administered through the FSMB.
- J. “NBME” means National Board of Medical Examiners.
- K. “USMLE” means United States Medical Licensing Examination administered jointly through the FSMB and NBME.
- L. “SPEX” means the Special Purpose Examination administered through the FSMB.

- M. “NBOME” means the National Board of Osteopathic Medical Examiners.
- N. “COMLEX” means the Comprehensive Osteopathic Medical Licensing Examination administered through the NBOME.
- O. “COMVEX” means the Comprehensive Osteopathic Medical Variable-Purpose Examination administered through the NBOME.
- P. “AOA” means American Osteopathic Association.
- Q. “LMCC” means Licentiate of the Medical Council of Canada.
- R. “APMA” means American Podiatric Medical Association.
- S. “ABPM” means American Board of Podiatric Medicine.
- T. “ABPS” means American Board of Podiatric Surgery.
- U. “FPMB” means Federation of Podiatric Medical Boards.
- V. “CPME” means Council on Podiatric Medical Education.
- W. “NBPME” means National Board of Podiatric Medical Examiners.
- X. “APMLE” means American Podiatric Medical Licensing Examination administered through the NBPME.
- Y. “NPDB” means National Practitioner Data Bank.
- Z. “ECFMG” means the Education Commission for Foreign Medical Graduates.
- AA. “Foreign Medical School” means any medical college or college of osteopathic medicine located outside the United States, Canada or Puerto Rico.
- BB. “IMED” means International Medical Education Directory.
- CC. “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, osteopathic physician, or podiatrist~~ physician assistant, radiologist assistant or acupuncturist desiring to practice in this state must first obtain a license to do so by ~~contacting the Mississippi State~~ completing an application for licensure and submitting all requested documentation to the Board of Medical Licensure at its current address or website address.

~~The practitioner must complete an application and submit it to the Board in a manner prescribed by the Board. References submitted on the application are queried, as well as the American Medical, Osteopathic, or Podiatry Associations, Federation of State Medical Boards, National Practitioners Data Bank, other states in which the practitioner is or has been licensed, entities where the practitioner is or has been employed, and hospitals where the practitioner has held staff privileges.~~

A ~~physician, osteopathic physician, or podiatrist~~ physician assistant, radiologist assistant or acupuncturist who is participating in or who has participated in an impaired professionals/~~disabled doctors~~ 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~~ medicine, podiatry or acupuncture in Mississippi.

Prior to the issuance of, or reinstatement of a license, any ~~physician, osteopathic physician, or podiatrist~~ 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 ~~physician assessment program and/or clinical skills assessment program~~ or re-entry program to assure post-licensure competency.

A ~~physician, osteopathic physician or podiatrist~~ physician assistant, radiologist assistant, or acupuncturist shall be deemed to have not "actively" practiced medicine if during said three (3) year period the ~~physician, osteopathic physician or podiatrist~~ 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, osteopathic physicians, or podiatrists~~ physician assistants, radiologist assistants or acupuncturists who perform charity work or work in research.

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

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

~~Part 2601 Chapter 02: Licensure Requirements for the Practice of Medical Doctors and Osteopathic Physicians (Moving to Part 2605, Chapter 1)~~

~~Rule 2.1 Licensure by Examination.~~

- ~~A. To qualify for admission by examination, an individual shall meet the following requirements, provided that the Board may admit any individual to the examination while reserving its right to deny licensure if that individual fails to meet all requirements for licensure subsequent to success or completion of the examination:~~
- ~~1. Applicant must satisfy the Board that he or she is at least twenty one (21) years of age and of good moral character.~~
 - ~~2. Present a diploma from a reputable medical college or college of osteopathic medicine, subject to the following conditions:~~
 - ~~i. 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 Liaison Committee on Medical Education (LCME), a Joint Committee of the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA), or if a college of osteopathic medicine, must be accredited by the Professional Education Committee of the American Osteopathic Association (AOA).~~
 - ~~ii. If the degree is from a Canadian medical school, the school must be accredited at the time of graduation by the Liaison Committee on Medical Education (LCME) and by the Committee on Accreditation for Canadian Medical Schools, as sponsored by the Canadian Medical Association and Association of Canadian Medical Colleges.~~
 - ~~iii. If the degree is from a foreign medical school, an applicant must either (i) possess a valid certificate from the ECFMG or (ii) document successful completion of a Fifth Pathway program, as described below.~~
 - ~~iv. 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.~~
 - ~~3. Applicants for licensure by examination must present documentation of having completed at least one (1) year of postgraduate training in the United States accredited by the Accreditation Council for Graduate Medical Education (ACGME) or by the AOA; or training in Canada accredited by the Royal College of Physicians and Surgeons.~~
 - ~~4. Present certified copy of birth certificate or valid passport.~~
 - ~~5. Subject to the provisions of Part 2601, Rule 2.3, an applicant must successfully complete and pass all parts/steps of the FLEX or USMLE.~~
 - ~~6. Complete an application for medical license and submit it to the Board in the manner prescribed by the Board with a recent passport type photograph.~~

- ~~7. Submit fee prescribed by the Board; however, any fees related to permanent licensure may be deferred for applicants indicating a desire to practice medicine under a Temporary License or Limited License within the confines of an ACGME or AOA approved postgraduate training program pursuant to Part 2601, Chapter 4 of these rules.~~
 - ~~8. Appear for a personal interview in the office of the Mississippi State Board of Medical Licensure, successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.~~
- ~~B. A Fifth Pathway Program, as a prerequisite for licensure by examination pursuant to Part 2601, Rule 2.1, A.2.iii, will be considered on an individual basis. Students who have completed the academic curriculum in a foreign medical school and who have fulfilled the conditions set forth, may be offered the opportunity to substitute for an internship required by the foreign medical school, an academic year of supervised clinical training prior to entrance into the first year of ACGME or AOA approved postgraduate medical education. The supervised clinical training (Fifth Pathway) must be under the direction of a medical school accredited by the LCME. Fifth Pathway will be available to students who have fulfilled the following conditions:~~
- ~~1. Completed, in an accredited American college or university, undergraduate pre-medical work of the quality acceptable for matriculation in an accredited U.S. medical school.~~
 - ~~2. Studied medicine at a medical school located outside the United States, Puerto Rico and Canada but which is recognized by the World Health Organization.~~
 - ~~3. Completed all of the formal requirements of the foreign medical school except internship and/or social service.~~
- ~~The Board will accept for examination or licensure only those individuals completing Fifth Pathway Programs by December 31, 2009.~~
- ~~C. Prior to issuance of a permanent Mississippi medical license, a graduate of a foreign medical school who has successfully completed all other requirements of application for licensure by examination must present documentation of having completed at least three (3) years of ACGME approved postgraduate training in the United States or training in Canada approved by the Royal College of Physicians and Surgeons.~~

~~Source: Miss. Code Ann. §73-25-3 (1972, as amended).~~

~~*Rule 2.2 Licensure by Reciprocity or Endorsements.* The Board endorses, for the purpose of reciprocity, licenses to practice medicine obtained in most states by written examination prior to March 8, 1973. Subject to the provisions of Part 2601, Rule 2.3, all applicants for medical licensure by reciprocity 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, for the purpose of reciprocity, licenses to practice medicine from applicants who have successfully taken Steps 1, 2 and 3 of the USMLE.~~

~~These doctors of osteopathic medicine who graduated prior to June 1, 1973, and who make application for licensure by reciprocity with another state 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 will be obtained by this Board from that licensing board.~~

~~The Board may affiliate with and recognize for the purpose of waiving examination and may grant licenses to Diplomates of the NBME on or after February 13, 1973, to Diplomates of the NBOME and licentiates of the Medical Council of Canada. If a Diplomate of the NBME or NBOME, the applicant must have a Certification of Endorsement from that Board submitted directly to the Board. If seeking endorsement with the Medical Council of Canada, the applicant must have a Certificate of Standing submitted directly to the Board. ———~~

~~The applicant must have the state board where the original license was obtained by examination submit a certified copy of the examination to the Board. ———~~

~~The Board may grant a license by reciprocity to a graduate of a foreign 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 American Board of Medical Specialties. A statement verifying that the applicant is currently certified must be submitted directly to the Board by the American Board of Medical Specialties Board. The applicant must comply with all other licensure requirements for foreign medical graduates.~~

~~In addition to the above requirements for licensure by reciprocity and/or endorsement, an individual shall meet the following requirements:~~

- ~~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 Liaison Committee on Medical Education LCME, a Joint Committee of the Association of American Medical Colleges (AAMC) and the American Medical Association or the College of Osteopathic Medicine must be accredited by the American Osteopathic Association.~~
 - ~~2. If the degree is from a Canadian medical school, the school must be accredited at the time of graduation by the Liaison Committee on Medical Education LCME and by the Committee on Accreditation for Canadian Medical Schools, as sponsored by the Canadian Medical Association and Association of Canadian Medical Colleges.~~

- ~~3. If the degree is from a foreign medical school, an applicant must either (i) possess a valid certificate from the ECFMG or (ii) document successful completion of a Fifth Pathway program, as described in Part 2601, Rule 2.1.B, and be currently board certified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association.~~
- ~~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 Accreditation Council for Graduate Medical Education ACGME or by the AOA; or training in Canada accredited by the Royal College of Physicians and Surgeons.~~
- ~~D. If a graduate from a foreign medical school, applicant 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 Royal College of Physicians and Surgeons; or~~
 - ~~2. at least one (1) year of ACGME approved postgraduate training in the United States or training in Canada approved by the Royal College of Physicians and Surgeons, be currently board certified by a specialty board recognized by the American Board of Medical Specialties or the American Osteopathic Association and must have approval by the Mississippi State Board of Medical Licensure Board.~~~~
- ~~E. An applicant who otherwise possesses all of the qualifications for licensure by reciprocity/endorsement, 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 Special Purpose Examination SPEX² as administered by and under auspices of the Board, unless the applicant:
 - ~~1. Submits satisfactory proof of current certification by an American Board of Medical Specialties ABMS and participating in Maintenance of Certification (MOC) or American Osteopathic Association approved specialty board; 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 the University of Mississippi~~~~

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 of the United States, Incorporated.

~~School of Medicine. In such case, a license shall remain in effect so long as Licensee is a member of the faculty of the University School of Medicine.~~

- ~~F. Present certified copy of birth certificate or valid passport.~~
- ~~G. 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.~~
- ~~H. Submit fee prescribed by the Board.~~
- ~~I. Appear for a personal interview in the office of the Mississippi State Board of Medical Licensure Board, successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.~~

~~Graduates of foreign medical schools seeking licensure by reciprocity or endorsement via Fifth Pathway Programs will be considered on an individual basis subject to those requirements set forth in Part 2601, Rule 2.1.B.~~

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

~~Rule 2.3 Licensure Examinations. For the purpose of licensing by examination and reciprocity, the Board recognizes three (3) separate and distinct examinations, to wit: The examinations administered by the NBME, 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, for the purposes of reciprocity, licenses to practice medicine or osteopathic medicine obtained in most states by written examination. A separate discussion of each examination and this Board's requirements for the purpose of licensure is as follows:~~

~~A. FLEX~~

- ~~1. The Board adopted the Federation Licensing Examination 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. 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 American Board of Medical Specialties or the American Osteopathic Association.~~

~~After January 24, 1985, the Board has approved administration of a new FLEX examination with a different design from that administered since 1973. This examination is a three-day examination, and is comprised of two components. Component I consists of one and one-half (1½) days and judges the readiness of a physician to practice medicine in a supervised setting. Component II consists of one and one-half (1½) days and judges the readiness of a physician to practice independently. A score of 75 is considered a passing grade for each component. If taken separately, Component I must be passed before taking Component II.~~

- ~~3. An applicant has seven (7) years in which to pass both components of the FLEX. An applicant is required to repeat only that component failed. A candidate who is unsuccessful in passing the FLEX after three (3) attempts will be required to take one additional year of post-graduate training approved by the Accreditation Council for Graduate Medical Education (ACGME) before being eligible to take the FLEX again. Following completion of the year of postgraduate training, applicant may be allowed three (3) additional attempts to pass the FLEX.~~

~~B. USMLE~~

- ~~1. The Board adopted the United States Medical Licensing Examination 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. Unlike the FLEX, which must be 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. To be eligible for Step 1 or Step 2 of the USMLE, an applicant must be an officially enrolled medical student or a graduate of a United States, Puerto Rican or Canadian medical school accredited by the LCME or the AOA, or an officially enrolled medical student or a graduate of a foreign medical school and eligible for examination by the ECFMG for a certificate.~~
- ~~3. To be eligible to take Step 3 of USMLE, an applicant must (a) complete an application for a Mississippi medical license and (b) meet all other requirements for licensure, as provided in Part 2601, Rule 2.1.~~
- ~~4. A score of 75 is necessary to successfully pass each step of the USMLE.~~

5. ~~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. An applicant has seven (7) years in which to pass all steps of the USMLE. A candidate who is unsuccessful in passing Step 3 after three (3) attempts will be required to take one (1) additional year of ACGME approved postgraduate training before being eligible to take Step 3 again. Following completion of the year of postgraduate training, the applicant may be allowed three (3) additional attempts to pass Step 3 of the USMLE.~~

~~C. NBME or NBOME~~

~~The Board recognizes for the purpose of reciprocity and waiving examination, diplomates of the NBME and on or after February 13, 1973, diplomates of the NBOME. Both examinations are administered in three (3) parts, Parts I, II and III. Applicants must have the NBME or NBOME submit a certificate evidencing successful completion of the examination directly to the Board.~~

~~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 September 13, 1997. Amended January 18, 2001. Amended February 18, 2003. Amended March 8, 2007. Amended May 17, 2007. Amended January 24, 2008. Amended July 1, 2009. Amended October 13, 2009.~~

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

~~Part 2601 Chapter 3: Licensure Rules Governing the Practice of Podiatrists (Moving to Part 2605, Chapter 2)~~

~~Rule 3.1 Licensure by Examination. To qualify for admission by examination, an individual shall meet the following requirements, provided that the Board may admit any individual to the examination while reserving its right to deny licensure if that individual fails to meet all requirements for licensure subsequent to success or completion of the examination:~~

- ~~A. Applicant must satisfy the Board that he or she is at least twenty one (21) years of age and of good moral character.~~
- ~~B. Applicant must have had at least four (4) years of 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 recognized by the Council on Education of the American Podiatry Association at the time of graduation.~~~~
- ~~D. Present certified copy of birth certificate or valid passport.~~
- ~~E. Successfully take an examination for podiatrists. The applicant shall be examined in the following subjects: anatomy, histology, physiology, chemistry, pharmacy, materia medica, therapeutics, bacteriology, pathology, surgery, dermatology, neurology, physical therapy, diagnosis and roentgenology, orthopedics, chiropody and chiropodial surgery, limited in their scope to the treatment of the human foot and leg, and if found qualified shall receive a license. The minimum of requirements for license shall be a general average of seventy five percent (75%) of all the subjects involved, provided that a grade of not less than sixty percent (60%) be made on any one (1) subject or branch given in the examination held. However, applicants are encouraged to take the examinations given by the National Board of Podiatry Examiners.~~
- ~~F. 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.~~
- ~~G. Submit fee prescribed by the Board.~~

~~H. Appear for a personal interview in the office of the Mississippi State Board of Medical Licensure and successfully pass the Jurisprudence Examination as administered by the Board.~~

~~Source: Miss. Code Ann. §73-27-5 (1972, as amended).~~

~~Rule 3.2 Licensure by Reciprocity or Endorsement. 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 affiliate with and recognize for the purpose of waiving examination and may grant licenses to Diplomates of the National Board of Podiatric Examiners. If a Diplomate of the National Board of Podiatric Examiners, the applicant must have certification of endorsement from that Board submitted directly to the Board.~~

~~In addition to the above requirements for licensure by reciprocity and/or endorsement, 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 recognized by the Council on Education of the American Podiatry Association 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. Present certified copy of birth certificate or valid passport.~~
- ~~F. 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.~~
- ~~G. Submit fee prescribed by the Board.~~

~~H. Appear for a personal interview in the office of the Mississippi State Board of Medical Licensure, and successfully pass the Jurisprudence Examination as administered by the Board.~~

~~Amended March 8, 2007. Amended May 17, 2007. Amended January 24, 2008. Amended November 20, 2008.~~

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

~~Part 2601 Chapter 4: Temporary Licensure (Moving to Part 2605 Chapter 3)~~

~~Rule 4.1 Temporary Licensure.~~

~~A. Mississippi temporary medical licenses may be issued to applicants for licensure in Mississippi only after completion of an application for licensure by (a) examination; (b) reciprocity with another state; or (c) endorsement of the National Board of Medical Examiners, National Board of Examiners for Osteopathic Physicians and Surgeons, or the Medical Council of Canada (LMCC) under the following conditions:~~

- ~~1. A restricted temporary medical license may be issued upon proper completion of an application for medical licensure by examination or by reciprocity/endorsement to an applicant who otherwise meets all requirements for licensure except completion of the postgraduate training requirements provided in Part 2601~~5~~, Chapter 2~~1~~, Rule 2~~1~~.1.A.3 and successful completion of Step 3 of USMLE as provided in Part 2601~~5~~, Chapter 2~~1~~, Rule 2~~1~~.3.B.3. Such restricted temporary license shall entitle the physician to practice medicine only within the confines of an ACGME or AOA 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.~~
- ~~2. An unrestricted temporary medical license may be issued in an exceptional case to an applicant seeking licensure by reciprocity or by endorsement. 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 State Board of Medical Licensure 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
 - ~~i. must have favorable references from two physicians with whom the applicant has worked or trained within the last year;~~~~

- ~~ii. 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~~
 - ~~iii. must submit fee prescribed by the Board.~~
 - ~~2. Retired Resident Physician~~
 - ~~i. must be in good standing with the Mississippi State Board of Medical Licensure, and~~
 - ~~ii. must submit fee as prescribed by the Board.~~
- ~~C. The State Board of Medical Licensure 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 of Medical Licensure 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. A physician licensed under this rule shall not apply to the U.S. Drug Enforcement Administration for a controlled substances registration certificate and must be under the supervision of another physician holding a valid and unrestricted license 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.~~

~~Mississippi temporary medical licenses are issued under the condition that the licensee shall not apply to the U.S. Drug Enforcement Administration for a Controlled Substances Registration Certificate.~~

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

~~Rule 4.2 Limited Institutional Licensure.~~

- ~~A. Pursuant to Section 73-25-23, Mississippi Code, a limited institutional license is available only to graduates of foreign 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. It is understood that graduates of foreign medical schools holding a limited institutional license, and who are employed by and enrolled in an approved ACGME or AOA postgraduate training program at the University of Mississippi Medical Center, shall be authorized to participate in any postgraduate educational program at the University of Mississippi Medical Center, or any of its affiliated training program sites.~~
- ~~C. An application for limited institutional licensure may be obtained only upon the written request of the director of the state-supported institution which has employed or is considering employing a graduate of a foreign 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 present original diploma from a reputable medical college or reputable college of osteopathic medicine.~~
 - ~~3. Must submit certified copy of valid certificate from the ECFMG or its successor.~~
 - ~~4. Must have favorable references from two (2) physicians licensed in the United States with whom the applicant has worked or trained.~~
 - ~~5. Must submit an application completed in every detail with recent passport type photograph.~~~~

6. ~~Must submit fee prescribed by the Board.~~
 7. ~~Must appear for a personal interview in the office of the Mississippi State Board of Medical Licensure and successfully pass the Jurisprudence Examination as administered by the Board.~~
- F. ~~Pursuant to Section 73-25-23, Mississippi Code, a limited institutional license must be renewed annually, after such review as the State Board of Medical Licensure considers necessary. A graduate of a foreign medical school so licensed may hold such limited institutional license no longer than five (5) years; provided, however, that any graduate of a foreign medical school so licensed and employed by any state institution on January 1, 1981, shall not be subject to the five year limitation created by statute. Based upon the above law:~~
1. ~~The limited institutional licenses of graduates of foreign medical schools so licensed and employed by a state institution on January 1, 1981, shall be renewable annually based upon the favorable recommendation of the director of the institution by which the licensee is employed.~~
 2. ~~The limited institutional licenses of graduates of foreign medical schools so licensed and employed by a state institution from January 2, 1981, through June 30, 1983, shall be renewable annually for five years, beginning July 1, 1983, based upon the favorable recommendation of the director of the institution by which the licensee is employed.~~
 3. ~~The limited institutional licenses of graduates of foreign medical schools so licensed and employed by a state institution on and after July 1, 1983, shall be renewable annually based upon the favorable recommendation of the director of the institution by which the licensee is employed. A graduate of a foreign medical school so licensed may hold such limited institutional license no longer than five (5) years.~~
- G. ~~Since a limited institutional license is issued to a graduate of a foreign medical school for employment to practice medicine in a particular Mississippi state supported institution, or institutions located in the same county, such 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.~~

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

~~Rule 4.3 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.~~

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

~~*Rule 4.4 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.~~

~~Amended November 19, 1998. Amended March 8, 2007. Amended May 17, 2007. Amended July 12, 2007. Amended September 20, 2007.~~

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

Part 2601 Chapter 52: Effect of Application (Moving to Part 2601 Chapter 2)

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 ~~Federation of State Medical Boards of the United States, Incorporated~~ FSMB; the ~~American Medical Association~~ 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 ~~letters of recommendation~~, certification of graduation from medical school, photograph of applicant, internship ~~certificate~~ 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, ~~and references~~. 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, ~~and references~~. Under no circumstances will the one year time limit be waived.

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

~~Part 2601 Chapter 6: The Practice by Unlicensed Nonresident Physicians (Moving to Part 2605 Chapter 5)~~

~~*Rule 6.1 Scope.* This regulation shall apply to all individuals who practice or who seek to practice medicine or osteopathic medicine in the state of Mississippi pursuant to authority granted in Mississippi Code, Section 73-25-19.~~

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

~~Rule 6.2 Purpose.~~ Pursuant to Mississippi Code, Section 73-25-19, non-resident physicians, not holding a license in the state of Mississippi, shall not be authorized to practice medicine in this state under any circumstances after remaining in the state for five (5) days, except when called in consultation by a licensed physician residing in this state. To implement its responsibility to protect the public, the Mississippi State Board of Medical Licensure shall monitor those non-resident physicians entering into this state to practice medicine pursuant to Section 73-25-19.

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

~~Rule 6.3 Notification to Board Required.~~ Regardless of the number of days of anticipated practice, a non-resident physician not holding a license in the state of Mississippi shall not be authorized to practice medicine in this state under any circumstances, unless the following conditions have been satisfied:

The currently licensed Mississippi physician who needs consultation or assistance must notify the Board in writing of his or her request to have a non-resident physician practice in this state, setting forth (i) the identity of the non-resident unlicensed physician, (ii) a statement as to the purpose for the assistance/consultation, (iii) the location and address of the anticipated practice, and (iv) anticipated duration of practice.

Except in cases of emergencies, the above notification must be submitted to the Board at least seven (7) working days prior to the non-resident unlicensed physician entering into the state.

The non-resident unlicensed physician shall submit to the Board written proof of licensure status in good standing from another state or jurisdiction.

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

~~Rule 6.4 Intent.~~ It is the intent and purpose of this regulation to encourage Mississippi licensed physicians to utilize the services of competent and well-trained non-resident unlicensed physicians on an as-needed basis. However, where it is anticipated that the services of the non-resident physicians will be utilized on a routine basis, that is, where the non-resident physicians services will be utilized more than twice during any one-year period of time, permanent licensure shall be required.

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

~~Rule 6.5 Exclusion.~~ This regulation shall not apply to any non-resident physician who holds a temporary license to practice medicine at a youth camp issued under the provisions of Mississippi Code, Sections 75-74-8 and 73-25-17.

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

~~Rule 6.6 Effective Date of Regulation.~~ The above rules pertaining to the practice by unlicensed nonresident physicians shall become effective August 22, 2002.

~~Amended October 19, 2002~~

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

~~Part 2601 Chapter 7: Expedited Licensure (Moving to Part 2605 Chapter 4)~~

~~Rule 7.1 Military Applicants.~~

- ~~A. Pursuant to MS Code Ann. Section 73-50-1, the Board of Medical Licensure is authorized to issue an expedited license to a military trained applicant to allow the applicant to lawfully practice medicine in Mississippi. In order to receive the expedited license, the following requirements must be satisfied:~~
- ~~1. Complete an application for medical license and submit it to the Board in the manner prescribed by the Board with a recent passport type photograph.~~
 - ~~2. Submit documentation that applicant has been awarded a military occupational specialty.~~
 - ~~3. Submit documentation of completion of a military program of training.~~
 - ~~4. Submit verification of a completed licensing examination as described in Rule 2.3.~~
 - ~~5. Have two references submit letters regarding applicant's performance in the practice of medicine.~~
 - ~~6. Submit verification that at least two of the past five years preceding the date of submission of the application applicant has engaged in the active practice of medicine.~~
 - ~~7. Submit certification that applicant has not committed any act in any jurisdiction that would have constituted grounds for refusal, suspension or revocation of a license to practice medicine in Mississippi at the time the act was committed.~~
 - ~~8. Appear for a personal interview in the office of the Board, successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.~~
 - ~~9. Submit licensure fee prescribed by the Board.~~
- ~~B. Pursuant to MS Code Ann. Section 73-50-1, the Board of Medical Licensure is authorized to issue a license to a military spouse to allow the military spouse to lawfully practice medicine in Mississippi. In order to receive the expedited license, the following requirements must be satisfied:~~
- ~~1. Complete an application for medical license and submit it to the Board in the manner prescribed by the Board with a recent passport type photograph.~~
 - ~~2. Submit certification of a current license from another jurisdiction, in which that jurisdiction's requirements for licensure are substantially equivalent to or exceed the requirements for licensure of the Board.~~
 - ~~3. Submit verification that at least two of the past five years preceding the date of submission of the application applicant has engaged in the active practice of medicine.~~

- ~~4. Submit certification that applicant has not committed any act in any jurisdiction that would have constituted grounds for refusal, suspension or revocation of a license to practice medicine in Mississippi at the time the act was committed.~~
 - ~~5. Submit verification that applicant is in good standing and has not been disciplined by the agency that had jurisdiction to issue the license.~~
 - ~~6. Submit licensure fee prescribed by the Board.~~
 - ~~7. Appear for a personal interview in the office of the Board, successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.~~
- ~~C. All relevant experience of a military service member in the discharge of official duties or, for a military spouse, all relevant experience, including full-time and part-time experience, regardless of whether in a paid or volunteer capacity, shall be credited in the calculation of years of practice in the practice of medicine as required under subsection A or B of this section.~~
- ~~D. A nonresident licensed under this section shall be entitled to the same rights and subject to the same obligations as required of a resident licensed by the Board.~~
- ~~E. The Board may issue a temporary practice permit to a military trained applicant or military spouse licensed in another jurisdiction while the military trained applicant or military spouse is satisfying the requirements for licensure under subsection A or B of this section if that jurisdiction has licensure standards substantially equivalent to the standards for licensure of the Board. The military trained applicant or military spouse may practice under the temporary permit until a license is granted or until a notice to deny a license is issued in accordance with rules adopted by the Board.~~

Adopted July 10, 2014.

Source: Miss. Code Ann. §73-25-19 (1972, as amended).

Mississippi Secretary of State
 700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Board of Medical Licensure		CONTACT PERSON Rhonda Freeman	TELEPHONE NUMBER (601) 987-3079	
ADDRESS 1867 Crane Ridge Drive, Suite 200-B		CITY Jackson	STATE MS	ZIP 39216
EMAIL rhonda@msbml.ms.gov	SUBMIT DATE 1-21-2015	Name or number of rule(s): Part 2605 Chapters 1-5		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Part 2605 is being created to incorporate Chapters 2, 3, 4, 6 and 7 of Part 2601. These Chapters have been updated to reflect current Board practices and requirements. Basic requirements and procedures are not being changed.
 Specific legal authority authorizing the promulgation of rule: 73-43-11
 List all rules repealed, amended, or suspended by the proposed rule: N/A

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.

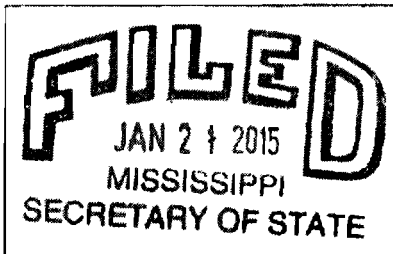
ECONOMIC IMPACT STATEMENT:

- 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 type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input checked="" 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 checked="" 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: Rhonda Freeman, Bureau Director

Signature of person authorized to file rules: *Rhonda Freeman*

OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP <div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> Accepted for filing by #21002 <i>[Signature]</i>	OFFICIAL FILING STAMP <div style="border: 1px solid black; height: 100px; width: 100%;"></div> 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.

Part 2605: Medical, Osteopathic and Podiatric Physicians

Part 2605 Chapter 01: Licensure Requirements for the Practice of Allopathic 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 a foreign 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 requirements for licensure by credentials, an individual shall meet the following requirements:

- 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 a foreign medical school, an applicant 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 RCPS.
- D. If a graduate from a foreign medical school, applicant 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 RCPS; or
 2. one (1) year of ACGME-approved postgraduate training in the United States or training in Canada approved by the RCPS, be currently board certified by a specialty board recognized by the ABMS and must have approval by the Board.
- 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

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.

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 birth certificate or valid passport.
- G. 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.
- H. Submit fee prescribed by the Board.
- I. Appear for a personal interview in the office of the Board, successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.

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

Rule 1.2 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 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. 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. 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 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 September 13, 1997. Amended January 18, 2001. Amended February 18, 2003. Amended March 8, 2007. Amended May 17, 2007. Amended January 24, 2008. Amended July 1, 2009. Amended October 13, 2009.

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 NBPE. If a Diplomate of the NBPE, the applicant must have certification of endorsement from that Board submitted directly to the Board.

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. 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.
- G. Submit fee prescribed by the Board.
- H. Appear for a personal interview in the office of the Board, submit for a criminal background check and successfully pass the Jurisprudence Examination as administered by the Board.

Amended March 8, 2007. Amended May 17, 2007. Amended January 24, 2008. Amended November 20, 2008.

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 licenses may be issued to applicants for licensure in Mississippi under the following conditions:
1. A restricted temporary medical license may be issued upon proper completion of an application for medical licensure by credentials to an applicant who otherwise meets all requirements for licensure except completion of the postgraduate training requirements provided in Part 2605, Chapter 1, Rule 1.1.D and successful completion of Step 3 of USMLE as provided in Part 2605, Chapter 1, Rule 1.3.B.3. Such restricted temporary license shall entitle the physician to practice medicine only within the confines of an ACGME or AOA 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.
 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
 - i. must have favorable references from two physicians with whom the applicant has worked or trained within the last year;
 - ii. 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
 - iii. must submit fee prescribed by the Board.
 - 2. Retired Resident Physician
 - i. must be in good standing with the Board, and
 - ii. 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. A physician licensed under this rule shall not apply to the U.S. Drug Enforcement Administration for a controlled substances registration certificate and must be under the supervision of another physician holding a valid and unrestricted license 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.

Mississippi temporary medical licenses are issued under the condition that the licensee shall not apply to the U.S. Drug Enforcement Administration for a Controlled Substances Registration Certificate.

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 foreign 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. It is understood that graduates of foreign medical schools holding a limited institutional license, and who are employed by and enrolled in an approved ACGME or AOA postgraduate training program at the University of Mississippi Medical Center, shall be authorized to participate in any postgraduate educational program at the University of Mississippi Medical Center, or any of its 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 a foreign 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 reputable medical college or reputable college of osteopathic medicine.
 - 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. Must appear for a personal interview in the office of the Board, submit for a criminal background check and successfully pass the Jurisprudence Examination as administered by the Board.
- 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. The limited institutional licenses of graduates of foreign medical schools so licensed and employed by a state institution on and after July 1, 1983, shall be renewable annually based upon the favorable recommendation of the director of the institution by which the licensee is employed. A graduate of a foreign medical school so licensed may hold such limited institutional license no longer than five (5) years.
- G. Since a limited institutional license is issued to a graduate of a foreign medical school for employment to practice medicine in a particular Mississippi state-supported institution, or institutions located in the same county, such 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.

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.

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.

**Amended November 19, 1998. Amended March 8, 2007. Amended May 17, 2007.
Amended July 12, 2007. Amended September 20, 2007.**

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

Part 2605 Chapter 4: Expedited Licensure

Rule 4.1 Military Applicants.

- A. Pursuant to MS Code Ann. Section 73-50-1, the Board of Medical Licensure is authorized to issue an expedited license to a military-trained applicant to allow the applicant to lawfully practice medicine in Mississippi. In order to receive the expedited license, the following requirements must be satisfied:
1. Complete an application for medical license and submit it to the Board in the manner prescribed by the Board with a recent passport type photograph.
 2. Submit documentation that applicant has been awarded a military occupational specialty.
 3. Submit documentation of completion of a military program of training.
 4. Submit verification of a completed licensing examination as described in Rule 2.3.
 5. Have two references submit letters regarding applicant's performance in the practice of medicine.
 6. Submit verification that at least two of the past five years preceding the date of submission of the application applicant has engaged in the active practice of medicine.
 7. Submit certification that applicant has not committed any act in any jurisdiction that would have constituted grounds for refusal, suspension or revocation of a license to practice medicine in Mississippi at the time the act was committed.
 8. Appear for a personal interview in the office of the Board, successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.
 9. Submit licensure fee prescribed by the Board.
- B. Pursuant to MS Code Ann. Section 73-50-1, the Board of Medical Licensure is authorized to issue a license to a military spouse to allow the military spouse to lawfully practice medicine in Mississippi. In order to receive the expedited license, the following requirements must be satisfied:
1. Complete an application for medical license and submit it to the Board in the manner prescribed by the Board with a recent passport type photograph.
 2. Submit certification of a current license from another jurisdiction, in which that jurisdiction's requirements for licensure are substantially equivalent to or exceed the

- requirements for licensure of the Board.
3. Submit verification that at least two of the past five years preceding the date of submission of the application applicant has engaged in the active practice of medicine.
 4. Submit certification that applicant has not committed any act in any jurisdiction that would have constituted grounds for refusal, suspension or revocation of a license to practice medicine in Mississippi at the time the act was committed.
 5. Submit verification that applicant is in good standing and has not been disciplined by the agency that had jurisdiction to issue the license.
 6. Submit licensure fee prescribed by the Board.
 7. Appear for a personal interview in the office of the Board, successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.
- C. All relevant experience of a military service member in the discharge of official duties or, for a military spouse, all relevant experience, including full-time and part-time experience, regardless of whether in a paid or volunteer capacity, shall be credited in the calculation of years of practice in the practice of medicine as required under subsection A or B of this section.
- D. A nonresident licensed under this section shall be entitled to the same rights and subject to the same obligations as required of a resident licensed by the Board.
- E. The Board may issue a temporary practice permit to a military-trained applicant or military spouse licensed in another jurisdiction while the military-trained applicant or military spouse is satisfying the requirements for licensure under subsection A or B of this section if that jurisdiction has licensure standards substantially equivalent to the standards for licensure of the Board. The military-trained applicant or military spouse may practice under the temporary permit until a license is granted or until a notice to deny a license is issued in accordance with rules adopted by the Board.

Source: Miss. Code Ann. §73-25-19 (1972, as amended).

Adopted July 10, 2014.

Part 2605 Chapter 5: The Practice by Unlicensed Nonresident Physicians

Rule 5.1 Scope. This regulation shall apply to all individuals who practice or who seek to practice medicine or osteopathic medicine in the state of Mississippi pursuant to authority granted in Mississippi Code, Section 73-25-19.

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

Rule 5.2 Purpose. Pursuant to Mississippi Code, Section 73-25-19, non-resident physicians, not holding a license in the state of Mississippi, shall not be authorized to practice medicine in this state under any circumstances after remaining in the state for five (5) days, except when called in consultation by a licensed physician residing in this state. To implement its responsibility to protect the public, the Mississippi State Board of Medical Licensure shall monitor those non-resident physicians entering into this state to practice medicine pursuant to Section 73-25-19.

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

Rule 5.3 Notification to Board Required. Regardless of the number of days of anticipated practice, a non-resident physician not holding a license in the state of Mississippi shall not be authorized to practice medicine in this state under any circumstances, unless the following conditions have been satisfied:

The currently licensed Mississippi physician who needs consultation or assistance must notify the Board in writing of his or her request to have a non-resident physician practice in this state, setting forth (i) the identity of the non-resident unlicensed physician, (ii) a statement as to the purpose for the assistance/consultation, (iii) the location and address of the anticipated practice, and (iv) anticipated duration of practice.

Except in cases of emergencies, the above notification must be submitted to the Board at least seven (7) working days prior to the non-resident unlicensed physician entering into the state.

The non-resident unlicensed physician shall submit to the Board written proof of licensure status in good standing from another state or jurisdiction.

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

Rule 5.4 Intent. It is the intent and purpose of this regulation to encourage Mississippi licensed physicians to utilize the services of competent and well trained non-resident unlicensed physicians on an as needed basis. However, where it is anticipated that the services of the non-resident physicians will be utilized on a routine basis, that is, where the non-resident physicians services will be utilized more than twice during any one year period of time, permanent licensure shall be required.

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

Rule 5.5 Exclusion. This regulation shall not apply to any non-resident physician who holds a temporary license to practice medicine at a youth camp issued under the provisions of Mississippi Code, Sections 75-74-8 and 73-25-17.

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

Rule 5.6 Effective Date of Regulation. The above rules pertaining to the practice by unlicensed nonresident physicians shall become effective August 22, 2002.

Amended October 19, 2002.

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

Part 2605: Medical, Osteopathic and Podiatric Physicians

Part 2605 Chapter 01: Licensure Requirements for the Practice of Medical 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 a foreign 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 requirements for licensure by credentials, an individual shall meet the following requirements:

- J. Applicant must be twenty-one (21) years of age and of good moral character.
- K. 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 a foreign medical school, an applicant 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.
- L. 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 RCPS.
- M. If a graduate from a foreign medical school, applicant 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 RCPS; or
 2. one (1) year of ACGME-approved postgraduate training in the United States or training in Canada approved by the RCPS, be currently board certified by a specialty board recognized by the ABMS and must have approval by the Board.
- N. 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.

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.

- O. Submit certified copy of birth certificate or valid passport.
- P. 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.
- Q. Submit fee prescribed by the Board.
- R. Appear for a personal interview in the office of the Board, successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.

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

Rule 1.2 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 Board's requirements for the purpose of licensure is as follows:

E. 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. 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. 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.

F. 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.

G. NBME or NBOME

The Board recognizes diplomates of the NBME and on or after February 13, 1973, diplomates of the NBOME (COMLEX). Both 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.

H. 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:

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

Amended September 13, 1997. Amended January 18, 2001. Amended February 18, 2003. Amended March 8, 2007. Amended May 17, 2007. Amended January 24, 2008. Amended July 1, 2009. Amended October 13, 2009.

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 NBPE. If a Diplomate of the NBPE, the applicant must have certification of endorsement from that Board submitted directly to the Board.

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

- I. Applicant must be twenty-one (21) years of age, and of good moral character.
- J. 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.
- K. 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.
- L. 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.
- M. Submit certified copy of birth certificate or valid passport.
- N. 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.
- O. Submit fee prescribed by the Board.
- P. Appear for a personal interview in the office of the Board, submit for a criminal background check and successfully pass the Jurisprudence Examination as administered by the Board.

Amended March 8, 2007. Amended May 17, 2007. Amended January 24, 2008. Amended November 20, 2008.

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

Part 2605 Chapter 3: Temporary Licensure

Rule 3.1 Temporary Licensure.

- D. Mississippi temporary medical licenses may be issued to applicants for licensure in Mississippi under the following conditions:
 1. A restricted temporary medical license may be issued upon proper completion of an application for medical licensure by credentials to an applicant who otherwise meets all requirements for licensure except completion of the postgraduate training requirements provided in Part 2605, Chapter 1, Rule 1.1.A.3 and successful completion of Step 3 of USMLE as provided in Part 2605, Chapter 1, Rule 1.3.B.3. Such restricted temporary license shall entitle the physician to practice medicine only within the confines of an ACGME or AOA 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.
 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.

- E. 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
 - i. must have favorable references from two physicians with whom the applicant has worked or trained within the last year;
 - ii. 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
 - iii. must submit fee prescribed by the Board.
 2. Retired Resident Physician
 - i. must be in good standing with the Board, and
 - ii. must submit fee as prescribed by the Board.
- F. 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. A physician licensed under this rule shall not apply to the U.S. Drug Enforcement Administration for a controlled substances registration certificate and must be under the supervision of another physician holding a valid and unrestricted license 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.

Mississippi temporary medical licenses are issued under the condition that the licensee shall not apply to the U.S. Drug Enforcement Administration for a Controlled Substances Registration Certificate.

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 foreign 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. It is understood that graduates of foreign medical schools holding a limited institutional license, and who are employed by and enrolled in an approved ACGME or AOA postgraduate training program at the University of Mississippi Medical Center, shall be authorized to participate in any postgraduate educational program at the University of Mississippi Medical Center, or any of its 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 a foreign 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 reputable medical college or reputable college of osteopathic medicine.
 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. Must appear for a personal interview in the office of the Board, submit for a criminal background check and successfully pass the Jurisprudence Examination as administered by the Board.
- 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. The limited institutional licenses of graduates of foreign medical schools so licensed and employed by a state institution on and after July 1, 1983, shall be renewable annually based upon the favorable recommendation of the director of the institution by which the licensee is employed. A graduate of a foreign medical school so licensed may hold such limited institutional license no longer than five (5) years.
- O. Since a limited institutional license is issued to a graduate of a foreign medical school for employment to practice medicine in a particular Mississippi state-supported institution, or institutions located in the same county, such 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.

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.

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.

Amended November 19, 1998. Amended March 8, 2007. Amended May 17, 2007. Amended July 12, 2007. Amended September 20, 2007.

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

Part 2605 Chapter 4: Expedited Licensure

Rule 4.1 Military Applicants.

- F. Pursuant to MS Code Ann. Section 73-50-1, the Board of Medical Licensure is authorized to issue an expedited license to a military-trained applicant to allow the applicant to lawfully practice medicine in Mississippi. In order to receive the expedited license, the following requirements must be satisfied:
10. Complete an application for medical license and submit it to the Board in the manner prescribed by the Board with a recent passport type photograph.
 11. Submit documentation that applicant has been awarded a military occupational specialty.
 12. Submit documentation of completion of a military program of training.
 13. Submit verification of a completed licensing examination as described in Rule 2.3.
 14. Have two references submit letters regarding applicant's performance in the practice of medicine.
 15. Submit verification that at least two of the past five years preceding the date of submission of the application applicant has engaged in the active practice of medicine.
 16. Submit certification that applicant has not committed any act in any jurisdiction that would have constituted grounds for refusal, suspension or revocation of a license to practice medicine in Mississippi at the time the act was committed.
 17. Appear for a personal interview in the office of the Board, successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.
 18. Submit licensure fee prescribed by the Board.
- G. Pursuant to MS Code Ann. Section 73-50-1, the Board of Medical Licensure is authorized to issue a license to a military spouse to allow the military spouse to lawfully practice medicine in Mississippi. In order to receive the expedited license, the following requirements must be satisfied:
1. Complete an application for medical license and submit it to the Board in the manner prescribed by the Board with a recent passport type photograph.
 2. Submit certification of a current license from another jurisdiction, in which that jurisdiction's requirements for licensure are substantially equivalent to or exceed the

- requirements for licensure of the Board.
3. Submit verification that at least two of the past five years preceding the date of submission of the application applicant has engaged in the active practice of medicine.
 4. Submit certification that applicant has not committed any act in any jurisdiction that would have constituted grounds for refusal, suspension or revocation of a license to practice medicine in Mississippi at the time the act was committed.
 5. Submit verification that applicant is in good standing and has not been disciplined by the agency that had jurisdiction to issue the license.
 6. Submit licensure fee prescribed by the Board.
 7. Appear for a personal interview in the office of the Board, successfully pass the Jurisprudence Examination as administered by the Board, and submit for a criminal background check.
- H. All relevant experience of a military service member in the discharge of official duties or, for a military spouse, all relevant experience, including full-time and part-time experience, regardless of whether in a paid or volunteer capacity, shall be credited in the calculation of years of practice in the practice of medicine as required under subsection A or B of this section.
- I. A nonresident licensed under this section shall be entitled to the same rights and subject to the same obligations as required of a resident licensed by the Board.
- J. The Board may issue a temporary practice permit to a military-trained applicant or military spouse licensed in another jurisdiction while the military-trained applicant or military spouse is satisfying the requirements for licensure under subsection A or B of this section if that jurisdiction has licensure standards substantially equivalent to the standards for licensure of the Board. The military-trained applicant or military spouse may practice under the temporary permit until a license is granted or until a notice to deny a license is issued in accordance with rules adopted by the Board.

Source: Miss. Code Ann. §73-25-19 (1972, as amended).

Adopted July 10, 2014.

Part 2605 Chapter 5: The Practice by Unlicensed Nonresident Physicians

Rule 5.1 Scope. This regulation shall apply to all individuals who practice or who seek to practice medicine or osteopathic medicine in the state of Mississippi pursuant to authority granted in Mississippi Code, Section 73-25-19.

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

Rule 5.2 Purpose. Pursuant to Mississippi Code, Section 73-25-19, non-resident physicians, not holding a license in the state of Mississippi, shall not be authorized to practice medicine in this state under any circumstances after remaining in the state for five (5) days, except when called in consultation by a licensed physician residing in this state. To implement its responsibility to protect the public, the Mississippi State Board of Medical Licensure shall monitor those non-resident physicians entering into this state to practice medicine pursuant to Section 73-25-19.

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

Rule 5.3 Notification to Board Required. Regardless of the number of days of anticipated practice, a non-resident physician not holding a license in the state of Mississippi shall not be authorized to practice medicine in this state under any circumstances, unless the following conditions have been satisfied:

The currently licensed Mississippi physician who needs consultation or assistance must notify the Board in writing of his or her request to have a non-resident physician practice in this state, setting forth (i) the identity of the non-resident unlicensed physician, (ii) a statement as to the purpose for the assistance/consultation, (iii) the location and address of the anticipated practice, and (iv) anticipated duration of practice.

Except in cases of emergencies, the above notification must be submitted to the Board at least seven (7) working days prior to the non-resident unlicensed physician entering into the state.

The non-resident unlicensed physician shall submit to the Board written proof of licensure status in good standing from another state or jurisdiction.

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

Rule 5.4 Intent. It is the intent and purpose of this regulation to encourage Mississippi licensed physicians to utilize the services of competent and well trained non-resident unlicensed physicians on an as needed basis. However, where it is anticipated that the services of the non-resident physicians will be utilized on a routine basis, that is, where the non-resident physicians services will be utilized more than twice during any one year period of time, permanent licensure shall be required.

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

Rule 5.5 Exclusion. This regulation shall not apply to any non-resident physician who holds a temporary license to practice medicine at a youth camp issued under the provisions of Mississippi Code, Sections 75-74-8 and 73-25-17.

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

Rule 5.6 Effective Date of Regulation. The above rules pertaining to the practice by unlicensed nonresident physicians shall become effective August 22, 2002.

Amended October 19, 2002.

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