MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

1867 CRANE RIDGE DRIVE, SUITE 200-B
JACKSON, MISSISSIPPI 39216
(601) 987-3079

APPLICATION FOR REINSTATEMENT OF LICENSE

GENERAL INFORMATION

1. NAME IN FULL _____ (FIRST) (MIDDLE) (LAST) (DEGREE)

2. ADDRESS _____ (STREET OR P O BOX) (CITY) (STATE) (ZIP)

3. PLACE OF BIRTH _____ (CITY AND STATE OR COUNTRY) DATE OF BIRTH _____ (MO/DA/YR)

4. SOCIAL SECURITY NUMBER _____ GENDER _____

5. TELEPHONE (W) _____ (H) _____ FACSIMILE _____

6. E-MAIL ADDRESS _____

7. U. S. DEA NUMBER _____ NPI NUMBER _____

8. MISSISSIPPI LICENSE NUMBER _____ ISSUE DATE _____ EXPIRATION DATE _____

9. MILITARY SERVICE - BRANCH _____ DATES _____

AFFIDAVIT QUESTIONS

		YES	NO
1.	Have you ever been convicted of a felony?	☐	☐
2.	Have you ever been convicted of a crime or offense (felony or misdemeanor) related to the practice of medicine?	☐	☐
3.	Have you ever been convicted of any violation of a state or federal law relating to controlled substances?	☐	☐
4.	Are any charges against you for violation of state or federal drug laws currently pending in any court?	☐	☐
5.	Have you ever been denied a state or federal controlled substances certificate or have had such a certificate revoked, restricted, conditioned or curtailed?	☐	☐
6.	Have you ever surrendered a state or federal controlled substance certificate for any reason?	☐	☐
7.	Has your certificate of qualification or license to practice medicine in any state been suspended, revoked, restricted, conditioned, curtailed or voluntarily surrendered under threat of suspension or revocation?	☐	☐
8.	Have your staff privileges at any hospital or health care facility been revoked, suspended, curtailed, limited or placed under conditions restricting your practice?	☐	☐
9.	Have you ever resigned from the medical staff of any hospital or health care facility while an investigation or disciplinary proceeding was being conducted or pending?	☐	☐
10.	Have you ever been denied a certificate of qualification or license to practice medicine in any state or has your application for a certificate of qualification or license to practice medicine been withdrawn under threat of denial?	☐	☐
11.	Are you now, or have you ever used any controlled substances or other drugs having addiction-forming or addiction-sustaining liability to the extent it affects your ability to practice medicine with reasonable skill and safety to patients?	☐	☐
12.	Have you ever prescribed to yourself any controlled substance or other drug having addiction-forming or addiction-sustaining liability, or obtained said medications for your own use and consumption through any sources, other than by prescription or order of a licensed physician?	☐	☐
13.	Are you now, or have you ever consumed alcohol or other intoxicating liquors to the extent it affects your ability to practice medicine with reasonable skill and safety to patients?	☐	☐
14.	If your answer to any one of the three preceding questions is "yes", are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in illegal use of controlled substances or other drugs having addiction-forming or addiction-sustaining liability?	☐	☐
15.	During any postgraduate training were you ever on probation, restrictions, suspension, revocation, modification, or otherwise acted against (explain “otherwise” actions)?	☐	☐
16.	Have you ever been diagnosed as having, or have you ever been treated for, pedophilia, exhibitionism, or voyeurism, bipolar disorder, sexual disorder, schizophrenia, paranoia or other psychiatric disorder?	☐	☐

		YES	NO
17.	Have you ever had a malpractice claim made or suit filed against you pertaining to any aspect of your medical practice, regardless of whether or not such a claim was dismissed, never pursued, settled, resulted in a favorable or adverse judgment, or is now pending? Please use separate sheet to address each claim or suit.	☐	☐
18.	Have you ever been denied medical malpractice liability insurance?	☐	☐
19.	To your knowledge, have you ever been or are you now, the subject of an investigation or disciplinary proceeding by any licensing Board/Agency as of the date of this application?	☐	☐
20.	Have you ever been arrested, other than minor traffic citations?	☐	☐

IF ANY OF THE ABOVE ANSWERS ARE IN THE AFFIRMATIVE, PLEASE EXPLAIN IN DETAIL ON AN ATTACHED SHEET.

I. ACTIVITIES FOLLOWING ISSUANCE OF MS MEDICAL LICENSE

List all activities in chronological order since issuance of your Mississippi medical license giving dates, institutions/hospitals, and **complete** addresses. **All** activities following initial issuance of Mississippi medical license must be accounted for. Use separate sheet if necessary.

	DATE	PLACE	ADDRESS	CITY/STATE
1.	_____ to _____	_____	_____	_____
2.	_____ to _____	_____	_____	_____
3.	_____ to _____	_____	_____	_____
4.	_____ to _____	_____	_____	_____
5.	_____ to _____	_____	_____	_____

II. HOSPITAL PRIVILEGES

List all hospitals in chronological order where you have held staff privileges of any type since the issuance of your Mississippi medical license. Post-graduate training sites should not be listed. Use a separate sheet if necessary.

	DATE	PLACE	ADDRESS	CITY/STATE
1.	_____ to _____	_____	_____	_____
2.	_____ to _____	_____	_____	_____
3.	_____ to _____	_____	_____	_____
4.	_____ to _____	_____	_____	_____
5.	_____ to _____	_____	_____	_____

III. STATE LICENSURE

List all states where you have been licensed to practice medicine or have applied for a license to practice medicine. Include active and/or expired, limited, restricted, temporary, educational or training licenses. Use a separate sheet if necessary.

LICENSE NUMBER	STATE	YEAR ISSUED	LICENSE NUMBER	STATE	YEAR ISSUED
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

IV. AFFIDAVIT AND RELEASE

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

I further authorize the release of this application and any information submitted with it or information collected by the Mississippi State Board of Medical Licensure in connection with this application, including derogatory information, to any person or organization having a legitimate need for the information and release the Mississippi State Board of Medical Licensure from all liability for the release of this information.

I further authorize the release of information, including derogatory information, which may be in the possession of other individuals or organizations to the Mississippi State Board of Medical Licensure and release this person or organization from any liability for the release of information.

Date _____ _____

Applicant's Signature

County of _____

State of _____

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

of _____.

(SEAL)

_____

Notary Public

My Commission Expires: _____

PHOTOGRAPH

(wallet-size, passport-type)

TAKEN WITHIN

SIXTY (60) DAYS

must be attached here with

tape. Do not paste.

COMPUTER GENERATED OR

INFORMAL SNAPSHOTS

WILL NOT BE ACCEPTED