



# MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

## ANNUAL RENEWAL OF ACUPUNCTURE LICENSE

### JULY 1, 2017 THROUGH JUNE 30, 2018



#### PERSONAL INFORMATION

NAME (LAST, FIRST M.):

LICENSE NUMBER:

E-MAIL ADDRESS:

HOME PHONE: ()  -

#### PRIMARY PRACTICE

STREET ADDRESS:

ENTER A PHYSICAL ADDRESS.  
PO BOXES ARE NOT ACCEPTABLE.

CITY:  STATE:  ZIP:  -

OFFICE PHONE: ()  -  COUNTRY:

OFFICE FAX: ()  -

#### MAILING ADDRESS

STREET ADDRESS OR PO BOX:

COUNTRY:

CITY:  STATE:  ZIP:  -

#### SECONDARY PRACTICE

STREET ADDRESS:

ENTER A PHYSICAL ADDRESS.  
PO BOXES ARE NOT ACCEPTABLE.

CITY:  STATE:  ZIP:  -

COUNTRY:

## AFFIDAVIT QUESTIONS

1. FROM JULY 1, 2015, TO THE PRESENT, HAVE YOU BEEN THE SUBJECT OF ANY DISCIPLINARY ACTION OR INVESTIGATION BY ANY US OR FOREIGN LICENSING AUTHORITY, HOSPITAL, INSTITUTION, SOCIETY, OR OTHER GOVERNMENTAL AGENCY?

Yes  No

**IF ANSWER IS YES, PLEASE PROVIDE A DETAILED EXPLANATION BELOW:**

2. FROM JULY 1, 2015, TO THE PRESENT, HAVE YOU ENTERED A PLEA BARGAIN OR HAVE YOU BEEN ARRESTED, CHARGED, INDICTED, OR CONVICTED FOR VIOLATING ANY LAW, INCLUDING DUI (YOU SHOULD ANSWER YES AND EXPLAIN EVEN IF YOU BELIEVE THE ARREST WAS SEALED, EXPUNGED, DROPPED OR OTHERWISE NULLIFIED)?

Yes  No

**IF YES, EXPLAIN BELOW AND ATTACH COPY OF CONVICTION ORDER, PLEA BARGAIN OR CERTIFIED COPY OF COURT ABSTRACT TO THIS FORM.**

3. FROM JULY 1, 2015, TO THE PRESENT, HAVE YOU RECEIVED TREATMENT FOR PSYCHIATRIC, ADDICTION OR SUBSTANCE USE RELATED ISSUES NOT KNOWN TO THE MPHP? (IF YOU ARE AN ANONYMOUS PARTICIPANT IN THE MISSISSIPPI PROFESSIONALS HEALTH PROGRAM AND ARE IN COMPLIANCE WITH YOUR CONTRACT, YOU MAY ANSWER "NO" TO THIS QUESTION).

Yes  No

**IF ANSWER IS YES, PLEASE PROVIDE A DETAILED EXPLANATION BELOW:**

4. DURING THE PERIOD JULY 1, 2016 - JUNE 30, 2017, HAVE YOU ACQUIRED ANY OF YOUR 30 HOURS OF ACUPUNCTURE RELATED CONTINUING EDUCATION? (30 HOURS ARE REQUIRED BY JUNE 30, 2018.)

Yes  No

**IF ANSWER IS YES, PLEASE PROVIDE A DETAILED EXPLANATION BELOW:**

5. IF PRACTICE IS NOT IN MISSISSIPPI, WHY ARE YOU NOT PRACTICING MEDICINE IN THE STATE OF MISSISSIPPI?

RETIRED. YEAR OF RETIREMENT:

WORK IN ANOTHER FIELD

ACTIVE IN ANOTHER STATE

HOMEMAKER

IN PROFESSIONAL TRAINING

OTHER REASON:

**TYPE OF EMPLOYMENT**

CHOOSE FROM LIST OF CODES:

IF "OTHER", PLEASE SPECIFY.

**SETTING OF EMPLOYMENT**

CHOOSE FROM LIST OF CODES:

IF "OTHER", PLEASE SPECIFY.

**AFFIDAVIT**

**I acknowledge that all information contained in this renewal application has been either directly submitted by me or caused to be submitted by me. I acknowledge that all information submitted is true and correct to the best of my knowledge. Any information erroneously submitted either directly by me or submitted by my direction is my responsibility. I understand that investigations and disciplinary action may result from the knowing or willful failure of me to submit information, either directly or indirectly, to the Board or from the submission of incorrect information to the Board.**

**Signature**

**Date**

**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE**  
**Instructions for Completing Application for Renewal**

July 1, 2017, through June 30, 2018

RENEWAL FEES
<p>The 2017-2018 annual renewal fee is \$150.00. (If received by the Board before September 29, 2017). After September 28, 2017, <u>each</u> renewal shall be assessed a late fee of \$200.00.</p> <p>All incomplete applications will be returned and processing will be delayed. A \$10.00 fee will be assessed each time a renewal application is returned due to incompleteness.</p> <p>A \$50.00 fee will be charged for all returned checks.</p> <p>In order to maintain a current license, this application must be completed, signed and returned along with renewal fee to:</p> <p align="center">Mississippi State Board of Medical Licensure  1867 Crane Ridge Drive, Suite 200-B  Jackson, MS 39216  (601) 987-3079</p>

CODES	
TYPE OF EMPLOYMENT	SETTING OF EMPLOYMENT
<p><b>Self Employment</b></p> <p>10 Solo practice</p> <p>11 Partnership or group owned practice</p> <p>12 Locum tenens</p> <p><b>Nongovernmental Employee of</b></p> <p>13 Individual practitioner</p> <p>14 Partnership or group of practitioners</p> <p>15 Group health plan</p> <p>16 Other nongovernmental employer (Specify)_____</p> <p><b>Governmental Employee</b></p> <p>17 Local government (other than county or state)</p> <p>18 County government</p> <p>19 State government</p> <p>20 Federal government (USPHS and civilians other than VA)</p> <p>21 Federal government (Armed forces personnel only)</p> <p>22 Federal government (VA)</p> <p><b>Other Forms of Employment</b></p> <p>23 Unpaid voluntary worker</p> <p>24 Other (Specify)_____</p>	<p><b>Nonfederal Health Facility</b></p> <p>50 Hospital (other than mental)</p> <p>51 Mental hospital</p> <p>52 Nursing home</p> <p>53 Clinic, free standing</p> <p>54 Group health plan facility</p> <p>55 Practitioner's office</p> <p>56 Hospital and office</p> <p><b>Federal Health Facility</b></p> <p>57 Health facility on military installation</p> <p>58 VA</p> <p>59 Public health, Indian health, and civilian other than VA</p> <p><b>School</b></p> <p>60 School of medicine or dentistry</p> <p>61 School of nursing</p> <p>62 University or college other than medical, dental, or nursing</p> <p>63 School or treatment center for the handicapped or disabled</p> <p>64 Residency training program</p> <p>65 Other schools (specify)_____</p> <p><b>Miscellaneous Places</b></p> <p>66 Patients' homes</p> <p>67 Medical research institution or establishment</p> <p>68 Professional or allied health association</p> <p>69 Administrative or regulatory health agency</p> <p>70 Manufacturing or industrial establishment</p> <p>71 Retail, wholesale, or other business establishment</p> <p><b>Other Settings of Employment</b></p> <p>72 Other (Specify)_____</p>