

PRACTICE INFORMATION SUBMISSION PROCESS

Before practicing in Mississippi, a Physician Assistant (PA) must submit their practice information to the Board.

Step 1.

Log-in to the MELS system and click the green box.

The screenshot displays the MELS system interface. At the top, the header includes the Mississippi State Board of Medical Licensure logo and the text "MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE" and "MEDICAL ENFORCEMENT & LICENSURE SYSTEM". Navigation links for Home, Applications, My Profile, and Application Requirements are visible. A user profile is shown with a red oval highlighting the "My Licenses/Permits" section. This section displays a green box with a white stethoscope icon, the text "MD Permanent", "License #: [REDACTED]", and "Expiration: 06/30/2021". A green "Active" button is present. Below this, a "Collaborative Application" section shows "Updated on 6/23/20" and "Expires on 9/21/20". A blue "+ Applicant Items" button is shown with a red "2 Incomplete" indicator. A yellow box at the bottom of the license panel contains the text: "Click on license panel above to bring up application history, files, and License Options."

Step 2.

Click the link on the left side which reads “Add/Modify Practices & Collaboration.”

The screenshot displays the user interface of the Mississippi State Board of Medical Licensure. At the top, the header includes the board's logo and name, and the 'MEDICAL ENFORCEMENT & LICENSURE SYSTEM' title. Navigation links for Home, Applications, My Profile, and Application Requirements are present, along with a user profile icon, a '1 Alert' notification, and a Logout button.

The main content area is divided into several sections:

- License Details:** Shows 'Type: MD Permanent', 'License #:' (redacted), 'Expiration: 06/30/2021', and 'Status: Active'.
- License Options:** A vertical list of buttons including 'Print Wall Certificate', 'Order Original Wall Certificate', 'Print Wallet Card', 'Report Surgical Event', 'Add/Modify Practices & Collaboration' (circled in red), 'Current Approved Collaborations', and 'Dispensing Registration'.
- General Information:** Contains explanatory text about 'Applicant Items' and instructions on how to view and manage application progress.
- Application History:** Lists two applications:
 - The first application is a 'Renewal' (redacted) with a status of 'Complete'.
 - The second application is a 'Collaboration' (redacted) with a status of 'Under Review'.

Step 3.

Add any practice sites necessary and add the physicians affiliated with that practice site. Make sure to list the proper addresses of the physicians such that your file reflects where that physician is while you are practicing at the site you are attaching them to. The “miles” should be the distance the physician’s address you provide is from the location you are attaching them to.

The system does not allow for the editing of supervisor information. You will need to delete the supervisor to change the relationship type or other information. You can edit your practice information which the supervisor is attached to.

Clicking the “Next” button advances the screen to the next part. Clicking the “Save/Exit” button saves your progress to complete later. To avoid possible data loss, as the save feature does not save the information for the current screen you are on – only those screens already completed with a checkmark in the left corner, it is best to complete the submission in one sitting without saving your progress and returning later.

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

MEDICAL ENFORCEMENT & LICENSURE SYSTEM

Home Applications My Profile Application Requirements

1 Alert Logout

Application Start ✓

Collaboration Information -

Verification

Confirmation

Practices & Collaboration

Collaboration Information

Add, modify, or remove Practice information by clicking the appropriate button. Keep in mind that removing a practice which has a collaborating APRN will also remove the collaboration itself.

You may add or remove collaborating APRN's by clicking the appropriate buttons. When adding a collaboration, search for the APRN by keying in a combination of name and/or license number. Then select the desired APRN from the search results list. You will then be able to enter or update the APRN Practice Information.

Practices

+ Add Practice

Edit Practice Remove Practice

Practice Type: Primary

Address: [REDACTED]

Office Phone: [REDACTED]

Average hours per week in direct patient care: 40

Percentage patients insured by Medicaid: 0

Sliding Fee Scale:

Urgent Care: Yes

Inpatient Facility: No

Employment Type: Other Nongovernmental Employer

Employment Setting: Free Standing Clinic

Surgical Level:

Collaborating APRNs

+ Add Collaborations

[REDACTED] Remove Collaboration

0 miles
Backup physician

[REDACTED] Remove Collaboration

15 miles
Backup physician

[REDACTED] Remove Collaboration

Step 4.

Once the application is submitted, you should return to the main page to see if any documents are required for upload (See [30 Miss. Admin. Code Pt. 2615](#)).

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

Home Applications My Profile Application Requirements

1 Alert Logout

Primary Practice

General Information

This page allows the user to update Primary Practice information, Specialties, and Contact Details, view current licenses and applications, and provides the ability to submit a formal Name Change.

New applications can be started by selecting the desired license type from the Applications link at the top of the page.

For information regarding a current license or application, click on the panel under the My Licenses section of the page.

Although you may access and process functions on your Gateway using a mobile device, you are likely to have a better user experience by utilizing a PC.

Specialties

Primary: Family Practice
Secondary: Unknown

DEA Information

Contact Details

My Licenses/Permits

MD Permanent
License #: [REDACTED]
Expiration: 06/30/2021
Active

Collaboration Application [REDACTED] Updated on 6/23/20 Expires on 9/21/20

Applicant Items 2 Incomplete

Description	Status	Options
Protocol - [REDACTED] +	✘ Incomplete	Upload
Extended Mileage Explanation - [REDACTED] +	✘ Incomplete	Upload

Once all required documentation has been uploaded, the Board staff will review the submissions and contact you directly for any additional documentation. If no documentation was required for upload, you will receive an email stating the submission was received and processed.

If you wish to obtain a list of your current relationships, you will find this option after clicking the green box and selecting the option labeled “Current Approved Supervisors”:

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

MEDICAL ENFORCEMENT & LICENSURE SYSTEM

Home Applications My Profile Application Requirements

1 Alert Logout

Home / Physician Assistant - Certified (#PA00140)

License Details

Type: Physician Assistant - Certified
License #: [REDACTED]
Expiration: 06/30/2021
Status: Active

License Options

- Print Wall Certificate
- Order Original Wall Certificate
- Print Wallet Card
- Add/Modify Practices & Collaboration
- Current Approved Supervisors**

General Information

The Applicant Items are those items that must be actioned by the applicant. For any line items that show an Upload button, the applicable document can be uploaded from the applicant's computer. For items without an Upload button, click on the line item to view guidance as to the action needed from the applicant.

The other sections shown are items that MSBML must complete.

For all line items, you can monitor progress of your application by periodically viewing the item list. Those items which have been verified will show as Green and Complete.

Application History

[Icon]	[REDACTED]	[Icon]	Complete
	Type: Renewal		
[Icon]	[REDACTED]	[Icon]	Under Review
	Type: Collaboration		

If protocol documentation is required for submission, the PA and the primary physician will need to schedule an appearance before the Board's Executive Committee to request an exception to one of the rules (i.e., 75-mile rule, 20/80-hour practice rule, or both). Board staff will contact you directly related to the appearance.

If you are new to Mississippi or a new graduate, and if you are asking for controlled substance authority, you will need to submit the Controlled Substance Prescriptive Authority Application (see Pg. 6-7) along with your coursework (refer to [Pt. 2615](#)).

Once all documentation is submitted, the process usually takes less than a week but can take longer depending on outside factors (e.g., holidays, staff absences, etc.).

TELEPHONE: (601) 987-3079



FAX: (601) 987-4159

**MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
CONTROLLED SUBSTANCE PRESCRIPTIVE AUTHORITY APPLICATION
FOR SCHEDULES II THROUGH V**

PHYSICIAN ASSISTANT INFORMATION:

Name:		
MS License #:	Specialty (Field of Practice):	
Primary Practice Location:		DEA Registration Number (if any):
Office Telephone #:	Home Telephone #:	Fax #:

SUPERVISING PHYSICIAN INFORMATION:

Name:		
MS License #:	Specialty (Field of Practice):	
Primary Practice Location:		
Office Telephone #:	Home Telephone #:	Fax #:

CHECK SCHEDULE(S) APPLYING FOR:

<input type="checkbox"/> Schedule II	<input type="checkbox"/> Schedule III	<input type="checkbox"/> Schedule IV	<input type="checkbox"/> Schedule V
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ATTESTATIONS FOR PRESCRIPTIVE AUTHORITY

(Must be signed by the Supervising Physician and Physician Assistant.)

I Attest That:

- (a) all prescribing activities of the Physician Assistant will comply with all federal and state laws and regulations governing the prescribing of medications, including controlled dangerous substances;
- (b) the Physician Assistant is or will be registered with the U.S. Drug Enforcement Administration (DEA), in compliance with title 21 CFR Part 1301 Food and Drugs;
- (c) the Physician Assistant will, upon receipt of their DEA Controlled Substance Registration, provide the registration number to the Board via the Board's online gateway; and
- (d) the Physician Assistant has completed a Board approved educational program and has attached a copy of the completion certificate hereto.

Physician Assistant (Print)

Physician Assistant(Signature)

Date

Supervising Physician (Print)

Physician (Signature)

Date