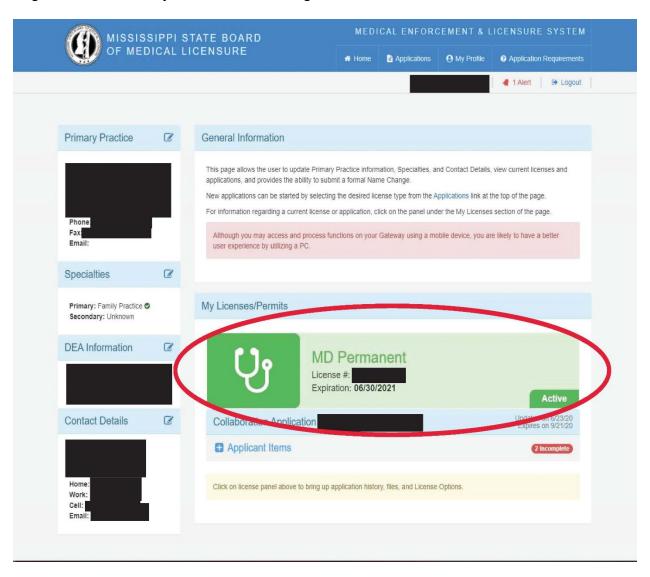
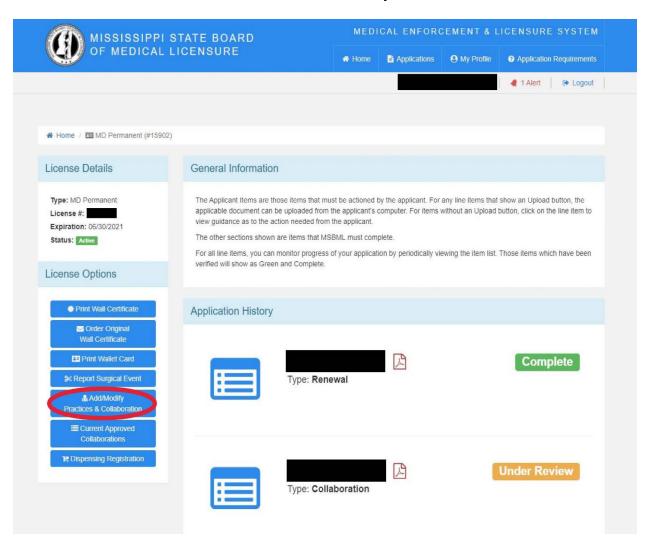
PRACTICE INFORMATION SUBMISSION PROCESS

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.



Step 2. Click the link on the left side which reads "Add/Modify Practices & Collaboration."

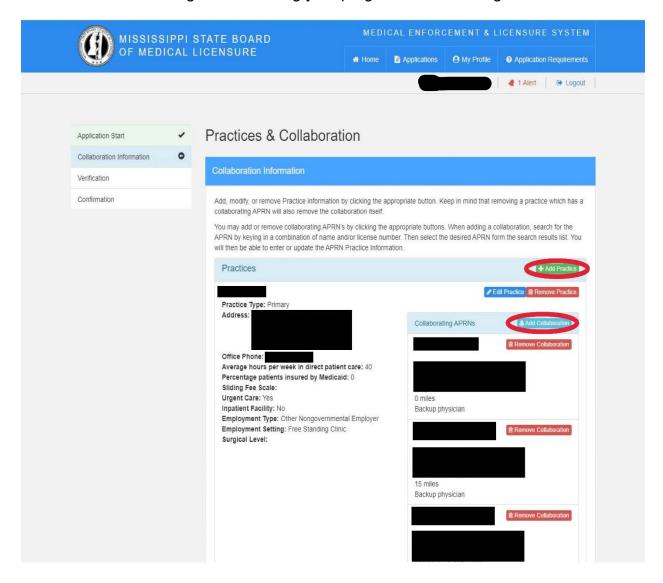


Step 3.

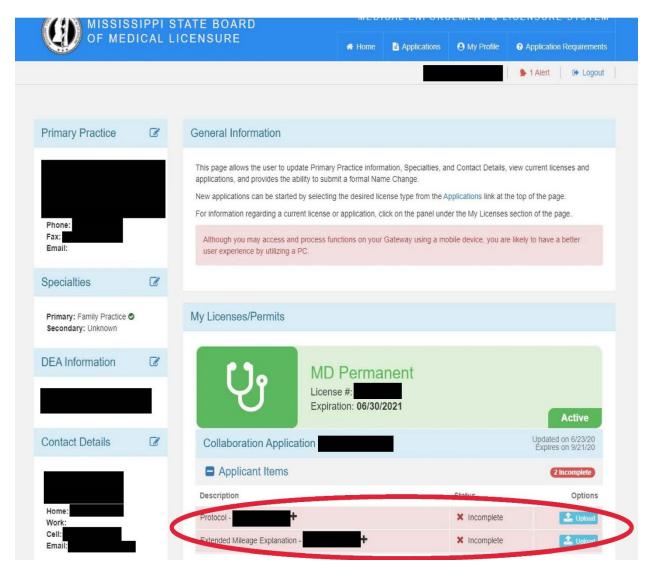
Add any practice sites necessary and add the physicians affiliated with that practice site. Make sure to list the proper addresses of the physicians such that your file reflects where that physician is while you are practicing at the site you are attaching them to. The "miles" should be the distance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

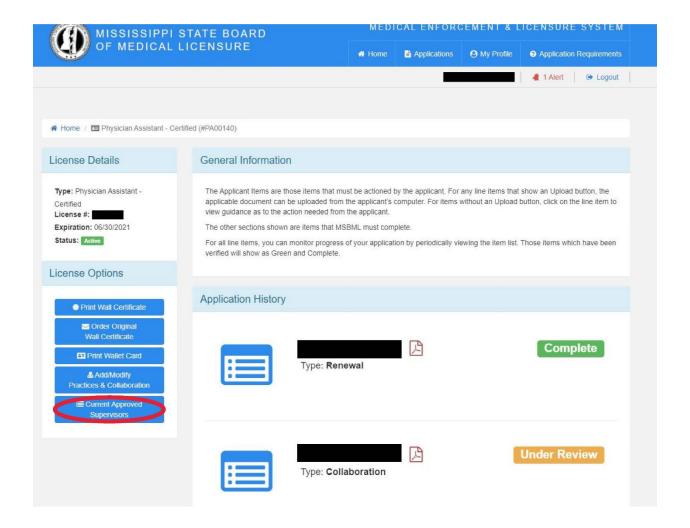


<u>Step 4.</u> Once the application is submitted, you should return to the main page to see if any documents are required for upload (See <u>30 Miss. Admin. Code Pt. 2615</u>).



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":



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



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FAX: (601) 987-4159

MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE CONTROLLED SUBSTANCE PRESCRIPTIVE AUTHORITYAPPLICATION FOR SCHEDULES II THROUGH V

Name:		
MS License #:	Specialty (Field of Practice):	:
Primary Practice Location:		DEA Registration Number (if any):
Office Telephone #:	Home Telephone #:	Fax #:
SUPERVISING PHYS	SICIAN INFORMATION:	
MS License #:	Specialty (Field of Practice):	ī.
Primary Practice Location:		
Primary Practice Location: Office Telephone #:	Home Telephone #:	Fax #:

ATTESTATIONS FOR PRESCRIPTIVE AUTHORITY

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

ΙA	ttest 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 <u>CFR</u> 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.						
Ph	ysician Assistant (Print)	Physician Assistant(Signature)	Date			
e	particing Physician (Print)	Physician (Signature)	Date			