**NOTIFICATION OF NON-DENTIST ANESTHESIA PROVIDER**

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| *Mississippi Dentist and Facility Information* |
|  |
| Last Name | First Name | Middle Name | Birth Date |
| License # | Specialty License # | Anesthesia Permit # |
| Facility/Clinic 1 Name | Address | City | State | Zip |
| Facility/Clinic 2 Name | Address | City | State  | Zip |

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| Non-Permitted Anesthesia Provider (NPAP) Information |
| Last Name | First Name | Middle Name | DEA# (physicians only) |
| Address | City | State | Zip | Telephone |
| License # | Mississippi Licensing Board |
| Is there any other name under which you have been known? |
|  | No |  | Yes (AKA, Maiden name, etc.) | Name(s) |  |

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| Name of Issuing Board | Certification # | Dates (mm/yy – mm/yy) |
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| Name of Issuing Board | Certification # | Dates (mm/yy – mm/yy) |
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| Name of Issuing Board | Certification # | Dates (mm/yy – mm/yy) |
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| NPAP’s Professional Liability Information (Please attach document) |
| Current Insurance Carrier | Policy # | Expiration Date |
| Agent name and Full address | Amount of Coverage |

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| *Signature Page* |
| All information submitted by me in this application is true to my best knowledge and belief.  |
| Date | Signature of Applicant |

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| ***MSBDE Office use only:*** |
| License verification: | By person(s) |