

# Mississippi Department of Health Bureau of Professional Licensure

## License Verification Other State Agencies

1. Log into the licensee portal

The screenshot shows the login page for the Mississippi State Department of Health Professional Licensure. The page features a header with the department's logo and name. A left sidebar contains navigation links for 'Licensing', 'FAQ', and 'Contact Us'. A central 'Login' form is highlighted with a red border. Above the form, a legend indicates that an asterisk (\*) denotes a required field. The form includes five input fields: 'License Type' (a dropdown menu), 'License Number' (a numeric-only text box), 'Last four digits of SSN' (a text box with 'XXXX' as a placeholder), 'Last Name' (a text box with 'Enter Last Name' as a placeholder), and 'Date of Birth' (a text box with 'Enter DOB' as a placeholder). A 'Submit' button is located at the bottom of the form.

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
PROFESSIONAL LICENSURE

Licensing  
FAQ  
Contact Us

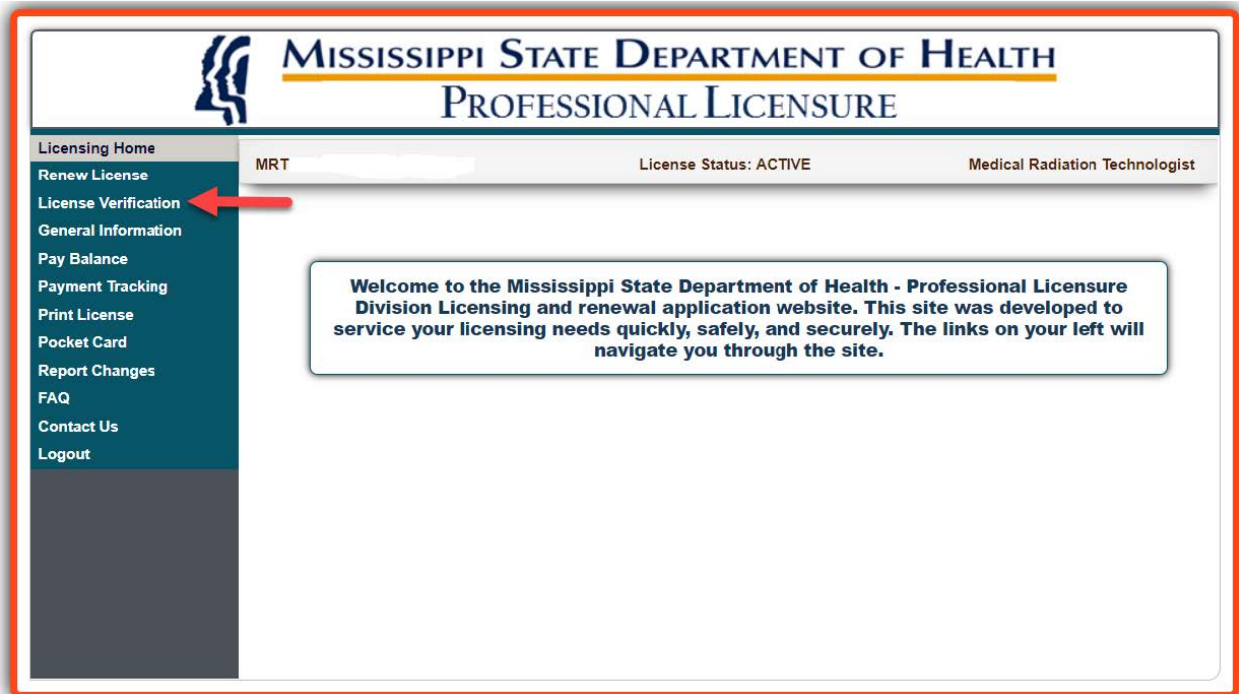
\* indicates a required field.

**Login**

\* License Type << Select One >>  
\* License Number Enter Numeric Only  
\* Last four digits of SSN XXXX  
\* Last Name Enter Last Name  
\* Date of Birth Enter DOB

Submit

2. Once logged in use the navigation menu, License Verification, to make a new request or continue an existing one.



3. Click on "Add" to create a new request.



4. Enter the details, save, and proceed.

The screenshot shows a web application interface for the Mississippi State Department of Health Professional Licensure. The header includes the department logo and name. A navigation menu on the left contains 'License Verification' and 'Licensing Home'. The main content area is titled 'License Verification Info' and displays a form for entering verification details. A red warning box at the top of the form states: 'Please enter the information for where you would like to have your verification sent. If incorrect information is entered it may result in a processing delay and additional fees.' The form fields include: Entity Name, Contact Name, Country (set to UNITED STATES OF AMERICA), Address Line 1, Address Line 2, Zip (with a red error icon), City, State (set to << Select One >>), County, Primary Phone, Email Address, and Re-Enter Email Address. 'Save' and 'Cancel' buttons are located at the bottom of the form.

MISSISSIPPI STATE DEPARTMENT OF HEALTH  
PROFESSIONAL LICENSURE

License Verification    A-    License Status: ACTIVE    Audiologist

Licensing Home

License Verification Info

Please enter the information for where you would like to have your verification sent.  
If incorrect information is entered it may result in a processing delay and additional fees.

\* Entity Name:

\* Contact Name:

\* Country: UNITED STATES OF AMERICA

\* Address Line 1:

Address Line 2:

\* Zip:  ?

\* City:

\* State: << Select One >>

County:


\* Primary Phone:

\* Email Address:

\* Re-Enter Email Address:

Save    Cancel

5. Review the details on the summary page and submit to proceed with payment.



# MISSISSIPPI STATE DEPARTMENT OF HEALTH

## PROFESSIONAL LICENSURE

License Verification  
Licensing Home

MRT License Status: ACTIVE Medical Radiation Technologist

### License Verification Info

Please review the summary screen and check for accuracy.

\*\* After Submitting the Request it will take approximately 24-48 hours for the License Verification to be sent.

[\[Edit License Verification Request\]](#)

Request # : 10

Entity Name:

Contact Name:

Physical Address:

Country:

Address Line 1:

Address Line 2:

Zip:

City:

State:

County:

Primary Phone:

Email Address:

Re-Enter Email Address:

This verification can be considered primary source.

To expedite the verification process, this is the standard format used by the Mississippi Department of Health, Bureau of Professional Licensure.

---

The Mississippi Department of Health, Bureau of Professional Licensure is pleased to furnish the following information from our files:

Entity Profession: **Medical Radiation Technologist**

Name:

License Number:

Issue Date: **June 20, 2019**

Expiration Date: **August 31, 2022**


Current Status: **Active**

Disciplinary Status: **None**

Certification Type: **None**

---

\*\* After Submitting the Request it will take approximately 24-48 hours for the License Verification to be sent.





# MISSISSIPPI STATE DEPARTMENT OF HEALTH PROFESSIONAL LICENSURE

## Going to Payment

In order to make payment and complete your transaction, you will be redirected to NIC. You will be guided through the payment process and then be returned here to receive your payment confirmation and any additional requirements that may apply. By using this payment system, you attest that you are the account holder or have the written authority to use said account for the purpose of completing the financial obligations and that sufficient funds are available.

**PLEASE DO NOT USE THE BROWSER BACK OR FORWARD BUTTON TO NAVIGATE UNTIL THE PAYMENT IS COMPLETE.**



[Continue with Payment](#)



## Credit/Debit Card

### Customer Information ✓

[Edit](#)

Address

[Redacted]

Country

United States

Email Address

[Redacted]

### Payment Information ✓

[Edit](#)

Credit Card

[Redacted]

Name on Credit Card

[Redacted]

[Cancel](#)



[Submit Payment](#)

## Transaction Summary

MEDICAL RAD TECH LICENSURE VERIFICATION FEE	\$25.00
APPLICATION SERVICE FEE	\$1.00

**ms.gov Order Total** ⓘ **\$27.59**

## Need Help?

Please review the payment information you are about to submit. After reviewing and/or editing click **SUBMIT PAYMENT** to complete your transaction and obtain your receipt. **NOTE:** Your payment is not considered complete until you click **SUBMIT PAYMENT**.



MISSISSIPPI STATE DEPARTMENT OF HEALTH  
PROFESSIONAL LICENSURE

License Verification  
Licensing Home

MRT: [Redacted]

License Status: ACTIVE

Medical Radiation Technologist

**Payment Confirmation**

Request # : 10  
Payer Name: [Redacted]  
Payment Date: 08/15/2022  
Payment Amount: 27.59  
Payment Status: Successful  
Confirmation Number: 64987048

License	Fee Description	Amount
MRT	MEDICAL RAD TECH LICENSURE VERIFICATION FEE	\$25.00
-	APPLICATION SERVICE FEE	\$1.00
Total Amount Paid		\$27.59

[Save or Print Receipt](#)    [Return to Licensing Home](#)

An email with payment details has been sent to your primary email address

**Payment Confirmation Email:**

Receipt of your payment for License Verification



MDHPLARS.PAYMENT.TEST@its.ms.gov

To

Thank you for your payment to the Mississippi State Department of Health. Your transaction confirmation information is as follows:

**Request #:** 10  
**Payer Name:**  
**Payment Date:** 08/15/2022  
**Payment Amount:** 27.59  
**Payment Status:** Successful  
**Confirmation Number:** 64987048

License	Fee Description	Amount
MRT-7110	MEDICAL RAD TECH LICENSURE VERIFICATION FEE	25.00
-	APPLICATION SERVICE FEE	1.00

\*\* After Submitting the Request it will take approximately 24-48 hours for the License Verification to be sent.