



MISSISSIPPI
BOARD OF EXAMINERS
FOR SOCIAL WORKERS AND MARRIAGE & FAMILY THERAPISTS

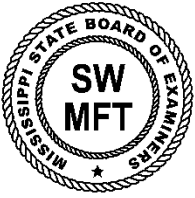
RECIPROCITY APPLICATION CHECKLIST

In order to reciprocity to Mississippi, you will need to have a BSW or MSW in social work from an accredited CSWE program and an active social work license in another state. Listed below are items that must be submitted to our office to be reviewed before licensure is issued.

- Online Initial Application (Please apply through the application portal)
- Licensure Fees: LSW - \$152 payable through the portal (see note below)
 LMSW - \$187 payable through the portal (see note below)
 LCSW - \$187 payable through the portal (see note below)
 NOTE: These totals include the application fee, initial license fee, and background check fee
- Verification of Education Form, Form 267, OR an official **SEALED** transcript.
Electronic transcripts can be emailed to info@swmft.ms.gov
- Out-of-state License Verification (should be sent from your current state licensing agency)
- Passing Score from ASWB (Score transfer request can be found at ASWB.org) *See note below
- Request for Fingerprint Card Form (the fee for the background check is included in the licensure fee total)
- For LCSWs:** Please include supervision documentation with the Reciprocity Form
- Universal Recognition Affidavit (for Mississippi Residents only)
(This document should be submitted if you do not have a passing score on the ASWB examination. Please include the Proof of Residency (copy of driver's license or utility bill) See Miss Ann Code 73-50-2 and 73-53-13 for more information.

NOTE: Instructions are found on each form. All fees should be paid through the payment portal. Once we receive your background check request, your background check fee and initial license fee will be posted to your account to be paid through the payment portal.

*If you are a MS resident and do not have a passing score on the ASWB examination and have held an out-of-state license greater than one year, please complete the Universal Recognition Affidavit.



Mississippi
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 Post Office Box 4508 * Jackson, MS 39296-4508
 601-987-6806 * Fax: 601-987-6808 *
www.swmft.ms.gov * info@swmft.ms.gov

Out-of-State Verification of Licensure

PART I – To be Completed by Applicant

Applicant should complete Part I of this form and send to all licensing boards of the state or jurisdiction in which you have held a social work license. Once they complete Part II, this form should be forwarded to the address at the top of this form. I am applying for a license as a social worker in the State of Mississippi and hereby consent to the release of any information, favorable or otherwise, which you may have concerning my license or my practice.

Applicant's Signature: _____ Print Full Name: _____ Last four of SS No: _____

State verification is requested: _____ Mississippi License Applied for (select one): LSW LMSW LCSW

Part II - To be Completed by Board or Regulatory Agency: Upon completion of this form by the Licensure/ Registration Authority please return directly to MBOESWMFT

Name of Licensee: _____ Level of Licensure: _____ License No: _____

Date of Issue: _____ Is License Current? _____ Expiration Date: _____

Licensed by: () ASWB Examination () Grandfathering () Reciprocity/Endorsement () Other

Level of ASWB Exam: _____ Pass or Fail If grandfathered in, did licensee ever take the exam? _____

If other, please list name of exam? _____ Level: _____ Score: _____

If licensed at the LCSW level, was 2 years of clinical supervision completed? _____

If yes, please list the dates? From: _____ to _____ How many hours were completed? _____

Supervisor's Name: _____ License Number & Level: _____

Is License in Good Standing? _____ If no, please explain: _____

Any derogatory information? _____ If yes, please explain: _____

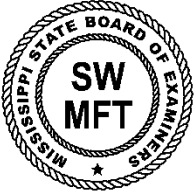
Has License ever been suspended, revoked or restricted? _____ If yes, please attach copies of any actions.

_____/_____/_____
Signature Printed Name Title

_____/_____
Title of Board Phone Number

Board Seal

Date



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REQUEST FOR FINGERPRINT CARD

INSTRUCTIONS: Complete and email this form to info@swmft.ms.gov. Once this form is received, the fee will be posted in your profile to pay online, and we will mail you a fingerprint card. After getting your fingerprints added onto the card, be sure to fill out the descriptive information including signing the card, printing your name, your date of birth and social security number (as these spots are often overlooked). The fully completed card should be mailed to: Mississippi Board of Examiners for SW/MFT, P.O. Box 4508, Jackson, MS 39296-4508. **YOU CANNOT EMAIL THIS FORM!!** Please do not allow the fingerprints to smudge.

Mark one: ___ Applicant for social work license
 ___ Applicant for LMFT license
 ___ Applicant for LMFTA license
 ___ License Renewal: license # _____
 ___ Reinstatement: license # _____

I, _____, request that a fingerprint card be sent to me at the address listed below. The required \$50.00 processing fee will be paid through the online payment portal, or by money order or cashier's check to MBOE. I understand that the information received from both the Mississippi Criminal Information Center and the Federal Bureau of Investigations concerning my criminal history records check via fingerprint records will be reviewed and may affect the approval of my application for licensure, reinstatement or the status of the renewal of my license.

Mailing Address: _____

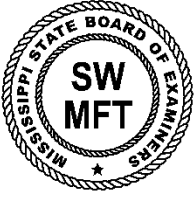
Phone: _____

I understand that it may take 4-6 weeks for my fingerprints to be processed by the agency. I understand that there may be delays in the processing of my fingerprint card if my fingerprints are unreadable and that will extend the processing of my background and sex registry check beyond 4-6 weeks.

 Signature

 Date

For Office Use Only:
 CC, MO, TC, OC #: _____ Amount: \$ _____ Date: _____
 Name on payment, if different from licensee: _____



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INSTRUCTIONS FOR FINGERPRINT CRIMINAL HISTORY RECORD CHECK

The Mississippi Statute 73-53-11 requires a **fingerprint based criminal history record information check and a sex offender registry check** for each applicant for licensure. The checks must be obtained from the appropriate governmental authority or authorities and must be received by the Board within one-hundred eighty (180) day of the completed application. The appropriate governmental authority is the Mississippi Department of Public Safety, Criminal Information Center (CIC) and the Federal Bureau of Investigations (FBI).

The fingerprint criminal history and sex offender registry checks apply to an applicant seeking licensure or reinstatement as a Licensed Social Worker (LSW), Licensed Master Social Worker (LMSW), Licensed Certified Social Worker (LCSW), Licensed Marriage Family Therapist Associate (LMFTA) and Licensed Marriage Family Therapist (LMFT).

Beginning January 1, 2011, the Board of Examiners will require that applicants complete a “Request for Fingerprint Card Form” that is located on the Board’s website at www.swmft.ms.gov and mail it to the Board’s Office if you are a new applicant. The Board will charge a processing fee of \$50.00 to process background checks. The fee is payable by money order or cashier’s check to the Mississippi Board of Examiners for SW/MFT. If you are a current licensee, you will be able to email the request to info@swmft.ms.gov and log into the licensee portal to pay this fee online.

After receiving the applicant’s request and payment, the Board will mail you a traditional fingerprint card. Please follow the following instructions for completing the cards:

- ☞ Applicants must have picture identification (driver’s license). Applicants should have their fingerprints rolled by a local Law Enforcement Agency, such as a local police department or sheriff’s department. Be prepared to pay a fee for having the fingerprint card executed as some law enforcement agencies charge a fee. The fingerprints must be taken by an appropriately trained law enforcement official. The fingerprint card must be signed by a law enforcement official in the appropriate block.
- ☞ Additional fingerprint cards are available from the Board’s office upon request. The Board’s contact information is available at the top of this letter.
- ☞ Fingerprint cards must be completely filled out. Required information includes: full name, social security number, date of birth, home address, sex, height, weight, hair color, eye color, place of birth (state or country only), citizenship, and reason fingerprinted. Reason fingerprinted should be pre-filled with the following statement: “Applicant for SW or MFT Licensure, Miss. Ann. 73-53-11”.
- ☞ The fully completed card should be mailed to: Mississippi Board of Examiners for SW/MFT, P.O. Box 4508, Jackson, MS 39296-4508. Please do not allow the fingerprints to smudge.
- ☞ The Board will process your completed fingerprint card. Your fingerprint images will be forwarded to the FBI for identification through the national system. It may take up to two (2) weeks for your criminal

history record information check to be completed. The completed criminal history and sex offender registry checks must be received by the Board office before an individual's application will be considered for licensure.

- ☞ Please note that if your fingerprint card is rejected, you will be notified in writing and processing of your application will be delayed.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>

Acceptable Fingerprint Card Example

Completed cards should be mailed to: MBOESWMFT, P.O. Box 4508, Jackson, MS 39296-4508.

LEAVE BLANK APPLICANT <small>FD-256 (REV. 3-1-00) 1110-1048</small> SIGNATURE OF PERSON FINGERPRINTED <i>Jane E. Doe</i>		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME: DOE FIRST NAME: JANE MIDDLE NAME: EILEA			FBI LEAVE BLANK						
RESIDENCE OF PERSON FINGERPRINTED 425 Adams Court Lark, MS 38770		ALIASES AKA MS920476Z BD EXAM SOCIAL WORK JACKSON, MS			DATE OF BIRTH: 01 02 2001 MO: DAY: YEAR:						
DATE: 1/5/14	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <i>Sharon Limphay</i>		CITIZENSHIP: USA	SEX: F	RACE: Blk	HGT: 5' 2"	WGT: 123	EYES: Brn	HAIR: Brn	PLACE OF BIRTH: Flowood, MS	POB:
EMPLOYER/MAIL ADDRESS 837 4th Street Merry, MS 38740		YOUR NO.: OCA			LEAVE BLANK						
ASBESTOS FINGERPRINTED Applicant of SW or MFT Licensure, Miss. Code Ann. Section 73-53-11		FBI NO.: FBI			CLASS:						
		ARMED FORCES NO.: MNU			FBI:						
		SOCIAL SECURITY NO.: 123-45-6789									
		MISCELLANEOUS NO.: MNU									

