

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

AFFIDAVIT OF RETIREMENT

Licensee: _____ License # _____ Expiration Date: _____
 First Name MI Last Name

Mailing Address: _____
 Street or Box Number City State Zip

Email Address: _____ Phone Number _____

I, _____ being duly sworn according to the Rules and
 (Licensee)
Regulations Regarding the Licensure of Social Workers and Marriage and Family Therapists deposes
and says:

1. I do not receive monetary compensation as a practitioner in the field of social work.

2. I understand that disciplinary actions will be taken against me if I perform social work
services for compensation or present myself as a regular license social worker.

Notary Seal

Subscribed and sworn before me this _____ day of _____ 20____

My commission expires _____

Notary Public

Signature of Licensee

Date

You may now submit this form via email to info@swmft.ms.gov . If you submit by email, once we receive the form, we will post the charge of \$35.00 in your LARS profile where you can pay online. Please do not mail anything if you email the form to us. If you mail this form, please be sure to include a money order in the amount of \$35.00.