



MISSISSIPPI

BOARD OF EXAMINERS

FOR SOCIAL WORKERS AND MARRIAGE & FAMILY THERAPISTS

LMFT APPLICATION BY ENDORSEMENT CHECKLIST

- Application and Fee (\$100.00, payable by cashier's check or money order)
- Initial Licensure Fee (\$200.00, payable by cashier's check or money order)
- Passport-like Photo
- AMFTRB Passing Score
- Official COAMFTE Accredited Transcript in Marriage and Family T
- Request for Fingerprint Card and processing fee (\$50.00, see MFT forms)
- Out-of-state Verification of Licensure in LMFT
- Universal Recognition Affidavit and Proof of Residency (MS Residents)

Detailed instructions can be found on our website under Resources, Rules and Regulations, Part 1903, Rule 2.2 REQUIREMENTS FOR LICENSURE AS A MARRIAGE AND FAMILY THERAPIST, F. Application Requirements for Licensure by Endorsement, please see pages 91-93.

ALL FEES CAN BE COMBINED INTO ONE PAYMENT FOR A TOTAL OF \$350.00
(APPLICATION FEE, INITIAL LICENSURE FEE, AND BACKGROUND CHECK FEE).

MISSISSIPPI

Board of Examiners for Social Workers and Marriage & Family Therapists
P.O. Box 4508, Jackson, MS 39296-4508

8. Have you ever been arrested, charged, sentenced, or received a deferred judgement for the commission of a felony, or any crime involving moral turpitude in the United States or a foreign country? Yes No
9. Are you now, or have you been at any time during the past five (5) years, unable to practice a profession with reasonable skill and safety to the residents of the State of Mississippi due to any illness, mental or physical condition, or the use of alcohol, drugs, narcotics, chemicals, or any other material? Yes No
10. Have you ever voluntarily surrendered a professional licensure in any jurisdiction or state? Yes No
11. Have you ever had your hospital staff privileges revoked or restricted, or have you resigned from a staff position instead of facing a disciplinary action? Yes No

If you answered "Yes" to any of the preceding questions 1 through 11, attach a full explanation, relevant documents and a description of your status.

II. Education Information

Qualifying degrees must be granted from a **COAMFTE (Commission on Accreditation for Marriage and Family Therapy Education) accredited program**. List your master's or doctoral degree in marriage and family therapy. **A transcript of degree must be sent directly to the Board by the institution.** (*No exceptions, application fee is non-refundable.*)

Name of Institution	Location City, State	Degree Obtained	Month, Yr. Degree granted
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III. Clinical Practice Experience As A Marriage and Family Therapist

Beginning with your current position, please list your clinical experience in the field of marriage and family therapy. A minimum of 1,000 client contact hours is required (attach additional sheets if necessary).

Date Begin - End	Employer or Site	Title or Responsibility	Total Client Hours
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Please forward the attached **Verification of Post Degree Experience in Clinical Practice of Marriage and Family Therapy** form to the employer(s) or site(s) you are using to qualify for licensure.

IV. Supervision of Clinical Experience

Please list below the supervision you have had in the professional practice of marriage and family therapy. A total of 200 hours of supervision is required. At least a 100 hours must be completed by a AAMFT approved supervisor.

Date(s) Begin - End	Name of Supervisor	Hours by Type	
		Individual	Group

Please send the attached **Documentation of Supervision of Marriage and Family Therapy** form to the above supervisor(s) you are using to qualify for licensure

V. Other Marriage and Family Therapy Licensure or Certification

Have you ever been licensed as a Marriage and Family Therapists in another jurisdiction?
Yes No If "Yes" please list each jurisdiction: _____

If you are requesting licensure by endorsement, please forward the enclosed **Verification of Licensure** form to each state which you have ever been licensed as a marriage and family therapists..

Do you now hold or have you in the past held a professional license or certification in a mental health field in Mississippi or any other state or jurisdiction? Yes No
If yes, complete the following (attach extra sheets if necessary).

Certification or License Title	Jurisdiction	Certification/ License #	Date Issued	Expiration Date
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VI. Method of Licensure

Please **circle** the method by which you are applying for licensure. Attach or have forwarded to the Board, all supporting documents related to that method of licensure.

- a. Education, Clinical Experience and Examination - official transcript from a COAMFTE program, clinical supervision and experience, and a passing score on the AMFTRB Examination.

- b. Endorsement, if the requirements in that state are, on the date of licensure, substantially equal to the current requirements of the Mississippi Board of Examiners. That includes documentation of a current MFT license in another state, official transcript, clinical supervision and experience, and a passing score on the AMFTRB Examination. The Board may waive the examination requirement only under exceptional circumstances.

VII. Acceptance of Responsibility for Accuracy of Information

Do you fully understand that any inaccurate information or misrepresentation of facts on this application, or any form submitted to the Board, may result in a denial of licensure or revocation of the license later? Yes No

VIII. Military Status

Please indicate if you are in the military or a military spouse and list your current military status i.e. active duty or retired: _____

IX. Oath and Consent for Investigation of Qualification for Licensure

I, the undersigned, do hereby affirm under the penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. Further, I consent to a thorough investigation by the Board and its representatives, of my education, employment, and clinical records, and any other information that may be necessary to verify my qualifications for the practice of marriage and family therapy.

I have read and understand the current edition of the Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists Rules and Regulations for Licensed Marriage and Family Therapists within the preceding 90 days. Furthermore, I agree to comply with the requirements stated therein.

Signature of Applicant

Printed Name

Date

Subscribed and sworn to before me this _____ day of _____, 2____

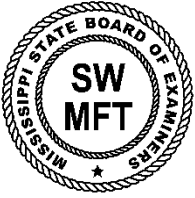
County _____ State _____

Notary Seal

Notary Signature

My Commission expires: _____

Submit application along with cashier's check or money order for the amount of \$100.00 for application fee and passport-like photo to the address at the top of this page.



BOARD OF EXAMINERS

P.O. Box 4508
Jackson, MS 39296-4508
601-987-6806 * Fax: 601-987-6808
www.swmft.ms.gov

info@swmft.ms.gov

Verification of
Licensure in Marriage and
Family Therapy

I. TO BE COMPLETED BY APPLICANT

Authorization to release information: I certify that the I was issued license or certificate number _____ on date
_____ hereby entitling myself to use the title "Marriage and Family Therapist" and/or the right to practice
marriage and family therapy in the state of _____, thereby authorizing the stated Board of to
release the information requested below to MS Board of Examiners.

Applicant's Signature: _____ Print Full Name: _____ Date: _____

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: _____ License No: _____ Date of Issue: _____ Expiration Date: _____

Current Status: [] Active [] Inactive [] Lapsed [] Suspended [] Other _____

Licensed by: () Graduate degree with clinical experience () State examination
() Endorsement with license from the State of _____ () Other _____

Did licensee take the AMFTRB exam? [] Yes [] No

Did licensee show proof of obtaining a graduate degree in marriage and family therapy? [] Yes [] No

Was 2 years of clinical supervision completed? _____ If yes, how many hours were completed? _____

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

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

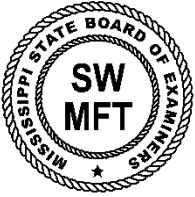
Has License ever been suspended, revoked or restricted? _____ if yes, please attach copies of any actions.

Signature / Printed Name / Title

Title of Board / Phone Number

Board Seal

Date



Mississippi
Board of Examiners for
Social Workers and Marriage & Family Therapists
Jackson, MS 39296-4508
Post Office Box 4508
601-987-6806/Fax: 601-987-6808
www.swmft.ms.gov

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.

APPLICANT <small>FOR THE EMPLOYER'S USE ONLY</small> (FD-256-REV. 3-1-10) 1110-10040 SIGNATURE OF PERSON FINGERPRINTED <i>Jane E. Doe</i>		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME: DOE FIRST NAME: JANE MIDDLE NAME: ELLA		FBI LEAVE BLANK	
RESIDENCE OF PERSON FINGERPRINTED 425 Adams Court Lark, MS 38770		ALIASES AKA: _____ U.S. ID: MS920476Z BD EXAM SOCIAL WORK JACKSON, MS		DATE OF BIRTH: 01 02 2001 <small>MM DD YYYY</small>	
DATE: 1/5/14 SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: <i>Sharon Linsphay</i>		CITIZENSHIP: USA SEX: F RACE: Blk HGT: 5'2" WGT: 123 EYES: Brn HAIR: Brn		PLACE OF BIRTH: Flowood, MS	
EMPLOYER AND ADDRESS: 837 4th Street Merry, MS 38740		FBI NO: OCA		LEAVE BLANK	
CLASSIFICATION: Applicant of SW or MFT Licensure, Miss. Code Ann. Section 73-53-11		SOCIAL SECURITY NO.: 123-45-6789		FBI: _____	
		ARMED FORCES NO.: MNU		FBI: _____	
		MISCELLANEOUS NO.: MNU		FBI: _____	

