

**Mississippi**  
**Board of Examiners for**  
**Social Workers and Marriage & Family Therapists**  
**P. O. Box 4508**  
**Jackson, MS 39296**  
**(601) 987-6806 / (601) 987-6808 fax**  
**[www.swmft.ms.gov](http://www.swmft.ms.gov)**

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### **REINSTATEMENT CHECKLIST**

Licensees who have had licenses placed in lapse or inactive status, may apply for reinstatement within two (2) years for lapsed license or within four (4) years for inactive status by completing the following steps on checklist below. All forms and licensure information may be found on our website at [www.swmft.ms.gov](http://www.swmft.ms.gov).

- Reinstatement Application (plus reinstatement fee: LSW \$113 and LMSW / LCSW \$148)
- Continuing Education Report
- Request for Fingerprint Card Form (\$50.00, money order or cashier's check only).
- LCSWs: Must submit three (3) professional references – see Forms → Social Work → Professional Reference Form

**NOTE:** Instructions are found on each form. You may combine all fees and submit one payment.  
Cash and personal checks are not acceptable forms of payment.

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

Reinstatement Application (Please type or print in ink)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

(Last)

(First)

(Middle/Maiden)

Mailing Address: \_\_\_\_\_ Contact No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(City)

(State)

(Zip Code)

(County)

Email Address: \_\_\_\_\_

Social Security Number: [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

Date of Birth [ ][ ] - [ ][ ] - [ ][ ]

Race: \_\_\_\_\_ Sex: Male [ ] Female [ ] U.S. Citizen: No [ ] Yes [ ] Legal Alien: No [ ] Yes [ ]

Place of Employment: \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Public Agency [ ] Private Agency [ ] Title of Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

(Street/PO Box)

(City)

(State)

(Zip Code)

(County)

Give previous license number: [ ] [ ][ ][ ][ ]

1. Reinstating as: (check one) See regulation for qualifications at each level. Social Worker (LSW) [ ] Master Social Worker (LMSW) [ ] Certified Social Worker (LCSW) [ ]

2. Do you have a baccalaureate degree in social work from a Council on Social Work Education (CSWE) accredited school. No [ ] Yes [ ]

3. Do you have a baccalaureate degree in social work from a school accredited by the Southern Association of College and Schools? No [ ] Yes [ ]

4. Do you have a masters degree in social work from a school accredited by Council on Social Work Education (CSWE). No [ ] Yes [ ]

5. Do you have a DSW or Ph D. (with a social work major) from a CSWE accredited school? No [ ] Yes [ ]

Reinstatement Fees:

LSW: 113.00 [ ]

MSW: 148.00 [ ]

LCSW: 148.00 [ ]

For Office Use Only: Check or Money Order #; \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Name on check, if different from licensee: \_\_\_\_\_

6. Have you ever been licensed or registered as a social worker in another state? No  Yes
7. Have you **ever** been found in violation of laws or rules pertaining to professional practice or settled such charges prior to a formal finding in an administrative proceeding? No  Yes
8. Have you ever had a record expunged from a felony or any criminal conviction? No  Yes
9. Have you ever had a professional license revoked, suspended, or encumbered in any way? If yes, has the decree changed? Attach a full explanation. No  Yes
10. Has any court ever declared you mentally incompetent? If yes, attach a full explanation. No  Yes
11. Have you ever been arrested, or charged, or sentenced for any misdemeanor or criminal Offense? Received deferred judgement for the commission of a felony, or any crime involving moral turpitude in the United States or foreign country? If yes, attached a full explanation. No  Yes
12. Have you knowingly failed to renew a license during investigation or disciplinary action? No  Yes
13. Are there any pending charges against you? No  Yes
14. I understand that reinstatement of licensure requires the following information to be completed and submitted to the Board for review: Form 270 – reinstatement application, continuing education report, and successful FBI background results. No  Yes

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My commission expires on \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Notary Seal)

I, the undersigned, do hereby solemnly swear or affirm that I am the above applicant, and that the statements contained therein or accompanying this application are true to the best of my knowledge and belief. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the Board. I also agree to uphold the laws and standards of conduct set forth in the laws of the State of Mississippi as pertain to the practice of Social Work

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Current  
Passport-Like Photo of You  
Facing Forward**

(Application cannot be processed without photo. Photocopies will not be accepted. The photo must be an original of you facing forward.)

Complete form, make payment payable to **MSBOE SW/MFT** and mail to:

**MS Board of Examiners for SW/MFT  
Post Office Box 4508  
Jackson, MS 39296-4508**

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**CONTINUING EDUCATION REPORT FOR SOCIAL WORKERS**

Name: \_\_\_\_\_ License No. \_\_\_\_\_

You are required to list a total of forty (40) continuing education (CE) hours that were approved by MBOE SW CE Committee, National NASW, or any organization approved by ASWB to meet the renewal requirements. Four (4) ethics hours, two (2) hours of cultural diversity, and one (1) hour of mandated reporting are required. LCSW Supervisors should include two (2) hours of supervision. **Please review Renewal and CE Requirements of the Rules and Regulations, Part 1902, Chapter 4, pages 58-69.** Do not attach brochures, certificates, copies, or any additional materials unless you have been notified that your records are to be audited.

1. **Event:** \_\_\_\_\_ Online?  **Date(s) of Attendance:** \_\_\_\_\_

**Sponsoring Organization:** \_\_\_\_\_ **Sponsor or Approval #** \_\_\_\_\_

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

2. **Event:** \_\_\_\_\_ Online?  **Date(s) of Attendance:** \_\_\_\_\_

**Sponsoring Organization:** \_\_\_\_\_ **Sponsor or Approval #** \_\_\_\_\_

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

3. **Event:** \_\_\_\_\_ Online?  **Date(s) of Attendance:** \_\_\_\_\_

**Sponsoring Organization:** \_\_\_\_\_ **Sponsor or Approval #** \_\_\_\_\_

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

4. **Event:** \_\_\_\_\_ Online?  **Date(s) of Attendance:** \_\_\_\_\_

**Sponsoring Organization:** \_\_\_\_\_ **Sponsor or Approval #** \_\_\_\_\_

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

5. **Event:** \_\_\_\_\_ Online?  **Date(s) of Attendance:** \_\_\_\_\_

**Sponsoring Organization:** \_\_\_\_\_ **Sponsor or Approval #** \_\_\_\_\_

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

6. **Event:** \_\_\_\_\_ Online?  **Date(s) of Attendance:** \_\_\_\_\_

**Sponsoring Organization:** \_\_\_\_\_ **Sponsor or Approval #** \_\_\_\_\_

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

7. **Event:** \_\_\_\_\_ Online?  **Date(s) of Attendance:** \_\_\_\_\_

**Sponsoring Organization:** \_\_\_\_\_ **Sponsor or Approval #** \_\_\_\_\_

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

8. **Event:** \_\_\_\_\_ Online?  **Date(s) of Attendance:** \_\_\_\_\_

**Sponsoring Organization:** \_\_\_\_\_ **Sponsor or Approval #** \_\_\_\_\_

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

9. **Event:** \_\_\_\_\_ Online?  **Date(s) of Attendance:** \_\_\_\_\_

**Sponsoring Organization:** \_\_\_\_\_ **Sponsor or Approval #** \_\_\_\_\_

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

10. **Event:** \_\_\_\_\_ Online?  **Date(s) of Attendance:** \_\_\_\_\_

**Sponsoring Organization:** \_\_\_\_\_ **Sponsor or Approval #** \_\_\_\_\_

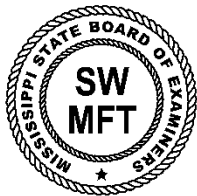
General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

I certify that the information submitted is true and correct, and that the original documents are available for inspection if I am chosen for audit.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

**TOTAL Continuing Education Hours**

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision



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## REQUEST FOR FINGERPRINT CARD

**INSTRUCTIONS:** Complete this form and return to our office. Once this form is received with payment, 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. 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. I have enclosed the required \$50.00 processing fee, payable 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 make take 4-6 weeks for my fingerprints to be processed by the MS Dept. of Public Safety. 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: \_\_\_\_\_

# Acceptable Fingerprint Card Example

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

<b>APPLICANT</b> <small>FD-256 (REV. 3-1-90) 1-110-0040</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		FBI		LEAVE BLANK	
NAME OF PERSON FINGERPRINTED <b>Jane S. Doe</b>		LAST NAME: <b>Doe</b>		FIRST NAME: <b>Jane</b>		MIDDLE NAME: <b>Ella</b>			
RESIDENCE OF PERSON FINGERPRINTED <b>425 Adams Court Lark, MS 38770</b>		ALIASES: AKA		ID NO. <b>MS920476Z</b>		BD EXAM <b>BD EXAM SOCIAL WORK JACKSON, MS</b>		DATE OF BIRTH: <b>01 02 2001</b> <small>MO. DAY YEAR</small>	
DATE: <b>1/5/14</b>		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <b>Sharon Linsley</b>		CITIZENSHIP: <b>USA</b>		SEX: <b>F</b>		HAIR: <b>Brn</b>	
EMPLOYER AND ADDRESS <b>837 4th Street Merry, MS 38740</b>		YOUR NO. <b>OCA</b>		HEIGHT: <b>5' 2"</b>		WEIGHT: <b>123</b>		EYES: <b>Brn</b>	
FRANCO FINGERPRINTED Applicant of SW or MFT Licensure, Miss. Code Ann. Section 73-53-11		FBI NO. <b>FBI</b>		ARMED FORCES NO. <b>MNU</b>		PLACE OF BIRTH: <b>Flowood, MS</b>		FOB: <b>MS</b>	
				SOCIAL SECURITY NO. <b>123-45-6789</b>		MISCELLANEOUS NO. <b>MNU</b>		LEAVE BLANK	

