



STATE OF MISSISSIPPI  
PHIL BRYANT, Governor  
TATE REEVES, Lt. Governor

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

**SOCIAL WORK APPLICANT CHECKLIST**

Thank you for your interest in Social Work licensure in the State of Mississippi. In order to apply for licensure in MS, you will need to have a bachelors or masters degree in Social Work from an accredited CSWE program and have a passing score on the applicable ASWB exam. It is your ethical responsibility to read and understand the rules and regulations regarding social workers. Licensure information and forms needed can be found on our website at [www.swmft.ms.gov](http://www.swmft.ms.gov) . Listed below are items that must be submitted to our office for your approval for licensure testing.

- Request for Fingerprint Card Form - The Request must be submitted along with your initial application form. By state law, the Board cannot accept FBI background check results processed by employers or other agencies. Applicants should have their fingerprints placed on the fingerprint card **electronically (live scan)** by a local Law Enforcement Agency, such as a highway patrol office, local police department or sheriff's department. Fingerprints can be ink **rolled** on to the card, but they tend to be rejected by the FBI due to poor quality. Results are valid for 180 days from the date stamped received by the Board office.
- Initial Application (Form 266) - Valid one year from the date stamped received by the Board office. **Submit when you are ready to sit for the exam!!!**
- Initial Application Processing Fee (\$25, money order or cashier's check only)
- Verification of Education Form (Form 267) Fill out the top portion, get it notarized and mail to registrar's office of the college or university where you received your social work degree.
- Once the above completed forms are in your application file, you will be sent an exam approval letter which will give you exam instructions. Please allow 2 weeks for processing.

Listed below are additional items that must be submitted to our office to be reviewed by the Board for Social Work licensure.

- Passing Score from ASWB (ASWB will forward your test score to the Board office Within 2 week after completing the exam.
- Initial License Fee (\$70.00 for bachelor level and \$100.00 master's level). Usually submitted after the Board receives your passing exam score.



**Mississippi**  
**State 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](http://www.swmft.ms.gov)

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**Dear Applicant:**

Some of the general requirements for social work licensure in Mississippi is a social work degree from a CSWE or SACS accredited program, an acceptable current criminal history record information check ( FBI Fingerprint), and a passing score on the appropriate Association of Social Work Boards (ASWB) social work exam. Additional forms are required for licensure as a LCSW and for Reciprocity/Endorsement. Please see rules and regulations regarding social workers. Please complete the initial license application form (form 266), notarize it, and send the completed form along with the \$25.00 application processing fee (cashier's check or money order) to our office. **You must enter your legal name on the application that is spelled identically to your valid, non-expired, government issued ID (driver's license, social security card).** You must also complete the top portion of the verification of education form (form 267), notarize it, and send it to the college or university where you receive your social work degree. After they verify your degree, they will forward the form to our office.

State law requires a criminal history record information check and a sex offender registry check for each applicant for licensure. The background checks must be obtained from the appropriate governmental authority or authorities and must be received by the Board within one-hundred eighty (180) days (expires in 6 months) of the completed application.

Please complete a *request for fingerprint card form* and mail it the Board with a \$50.00 money order or cashier's check. A fingerprint card will be mailed to you. Please take the fingerprint card to your local police or sheriff department and have them to complete it for you. Mail the completed fingerprint card to the Board. The Board will mail the card to the Mississippi Department of Public Safety for processing. Criminal violations found on the background checks may delay your licensure. **The Board, by law, cannot accept fingerprint background checks from other employers, agencies, or etc. It takes four (4) to six (6) weeks for the MS Dept. of Public Safety to process your fingerprints. Sometimes fingerprint cards are unreadable and the applicant is required to complete another fingerprint card which causes additional delays in processing the card.**

Upon receiving all forms, the Board will approve you to sit for the exam and mail you an approval letter. ASWB no longer publishes the Candidate Handbook for mail-outs. To review examination instructions and download the Candidate Handbook, you must go to the follow online link: <https://www.aswb.org/wp-content/uploads/2013/12/Candidate-Handbook.pdf> (*Please read the Candidate Handbook*). **The Bachelors and Masters exam is \$230.00; Advanced Generalist and Clinical exam is \$260.00. The applicable exam fee must be paid to ASWB.**



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The exam is given daily at two locations: Pearson Professional Center (Jackson), 1755 Lelia Drive, Suite 404, Jackson, MS 39211 and Pearson Professional Center (Tupelo), 431 W. Main St., Suite 340, Tupelo, MS 38801. ASWB will give you more detailed information about the test locations in your area or state

**If you are seeking licensure and are licensed as a social work in another state you will also go to [www.swmft.ms.gov](http://www.swmft.ms.gov) and download and complete an endorsement/reciprocity form in addition to the form 266, 267, and the request for fingerprint card form.**

**If an applicant has met all of the general requirements stated in the state laws and the rules and regulations governing the licensure of social workers including an acceptable background and sex registry check, your application shall be presented to the Board for licensure at their regularly scheduled monthly meeting. After approval, the Board will request in writing that you submit your license fee. The license fee for LSW is \$70.00 and \$100.00 for LMSW and LCSW. You must pay with a cashier's check or money order.**

A copy of the rules and regulations can be found at our website: [www.swmft.ms.gov](http://www.swmft.ms.gov)

Sincerely,

**Billy Dilworth**  
**Executive Director**

**Attached forms: Form 266, Form 267, and request for fingerprint card form**

# Initial License Application

( Use for Social Work Licensure/ Student Approval to Take ASWB Examination)

(Please type or print in ink)

Date: \_\_\_\_\_ (Please use legal name that is identified on your driver license or social security card)

Name: \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

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

(City) (State) (Zip Code) (County)

Social Security Number: [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ] Date of Birth [ ][ ] - [ ][ ] - [ ][ ]

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

Place of Employment: \_\_\_\_\_

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

Business Address: \_\_\_\_\_ Telephone No. (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

(City) (State) (Zip Code) (County)

If upgrading, give license number: [ ][ ] - [ ][ ][ ][ ]

1. License applying for (check one) See regulation for qualifications at each level. Social Worker (LSW)   
Master Social Worker (LMSW)   
Certified Social Worker (LCSW)

2. Are you a student within fifteen (15) hours of graduation from a college or university accredited by the Council on Social Work Education (CSWE) or Southern Association of College and Schools (SACS)? If you are not a student, skip to question #4. No  Yes

3. Please have the Dean or Chair of your Social Work Department sign below to verify that you are within 15 hours of graduation:

\_\_\_\_\_  
Dean or Social Work Chair Date

Name of College or University: \_\_\_\_\_

4. Which social work degree do you possess : \_\_\_\_\_BSW \_\_\_\_\_MSW \_\_\_\_\_DSW/Ph.D. \_\_\_\_\_ N/A ( Student)

5. Is your school accredited by \_\_\_\_\_ CSWE \_\_\_\_\_ SACS \_\_\_\_\_ BOTH \_\_\_\_\_ OTHER

Initial License Application Processing Fee: \$25.00 (Cashier's Check or Money Order, payable to MSBOESWMFT)

**(NON-REFUNDABLE )**

**For Office Use Only:**

Cashier's Check or Money Order #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Name on check , if different from licensee: \_\_\_\_\_

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

6. Have you ever been licensed as a social worker in this state? No  Yes   
 If yes, what was your license number: \_\_\_\_\_
7. Have you ever been licensed or registered as a social worker in another state? No  Yes   
 If yes, complete the Reciprocity/Information Verification Form and send it to the state(s) of previous licensure.
8. Have you ever had a license or permit encumbered in any way? No  Yes   
 If yes, has the decree changed? Attach a full explanation.
9. Has any court ever declared you mentally incompetent? If yes, attach an full explanation. No  Yes
10. Have you ever been convicted of any crime or violation of law (*except minor traffic violations*) ? If yes, attached a full explanation. No  Yes
11. I have enclosed my initial license application processing fee (non-refundable) and current passport-like photo. No  Yes
12. I understand that licensure as a social worker requires the following information to be completed and submitted to the Board for review it regularly scheduled board meeting for approval: Form 266, Form 267- verification of education , criminal history information check and passing score on the applicable ASWB examination. No  Yes
13. **I understand that my application for licensure as a LSW or a LMSW shall be considered abandoned if the ASWB exam has not been attempted within six (6) months from the date on which the application was filed.** An application for LCSW shall be considered abandoned if the ASWB exam has not been attempted within six months from the date on which the Board approved the termination of supervision. Any subsequent application shall be treated as a new application. No  Yes

( Notary Seal)

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

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

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

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.

\_\_\_\_\_  
 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 cashier's check or money order payable to **MSBOESWMFT** and mail to:

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

# Verification Of Education For Licensure In Social Work

## Instructions To Applicant:

Upon completion of the demographic information and waiver below, this form should be signed, notarized, and forwarded to the college of university where you obtained your **degree in social work**.

<i>Name (Last, First, Middle Initial)</i>	<i>Maiden Name or Given Surname</i>
<i>Address (Street, City, State, and Zip Code)</i>	Home Phone (    )                      Work (    )
<i>Social Security Number</i>	Date of Graduation
<i>License Applying For (Check One):</i> <input type="checkbox"/> Social Worker <input type="checkbox"/> Master Social Worker <input type="checkbox"/> Certified Social Worker	

## Waiver For The Release of Information:

I am applying for licensure as a social worker in the State of Mississippi. I hereby authorize the verification of my degree conferred and further authorize the release of any transcript or other information, favorable or otherwise, to the Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists, should this information be requested at any time.

Subscribed and sworn before me this day of \_\_\_\_\_ 20\_\_

My commission expires \_\_\_\_\_

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

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

## Instructions to Education Institution:

Upon completion of this form please send to:

MS BOARD OF EXAMINERS  
P.O. Box 4508  
Jackson, MS 39296-4508

*Seal*

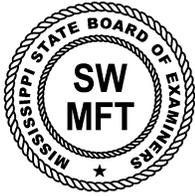
<i>Name of Institution</i>	Location of Institution (City & State)
<i>Date of Attendance (Month/Year)</i> From:                                      To:	<i>Total Number of Academic Years</i>
<i>Date Degree Conferred</i>	<i>Degree Conferred</i>
<i>Program Name &amp; Curriculum Description</i>	<i>Date of Practicum/Internship:</i> From: Month _____ Day _____ Year _____ To:    Month _____ Day _____ Year _____      Total Hours: _____
<b>Social Work Program Accreditation</b> (On date degree conferred)	Undergraduate: <input type="checkbox"/> CSWE <input type="checkbox"/> SACS <input type="checkbox"/> Other: _____ Graduate: <input type="checkbox"/> CSWE <input type="checkbox"/> SACS <input type="checkbox"/> Other: _____

*Seal of the College or University*

\_\_\_\_\_  
*Registrar's Name (print or type)*

\_\_\_\_\_  
*Registrar's Signature*

\_\_\_\_\_  
*Telephone Number*                                      *Date*



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## REQUEST FOR FINGERPRINT CARD

*(FOR NEW APPLICANTS OR REINSTATEMENTS ONLY)*

I, \_\_\_\_\_, request that a fingerprint card be sent to me at the address listed below for the purpose of licensure as a (please mark one) \_\_\_\_ social worker or \_\_\_\_ marriage and family therapist in the State of Mississippi. I have enclosed the required \$50.00 processing fee. I understand that my licensure application file is not complete until the Mississippi State Board of Examiners for Social Workers and Marriage and Family Therapists has receive all licensure requirements and response from both the Mississippi Criminal Information Center and the Federal Bureau of Investigations concerning my criminal history records check via fingerprint records.

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



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**INSTRUCTIONS FOR FINGERPRINT CRIMINAL HISTORY RECORD CHECK**

As of July 1, 2011, 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).

**As of January 1, 2012, the Board of Examiners require that upgrading applicants ( currently licensed but are moving to a higher level of licensure), new applicants for licensure or applicants for reinstatement complete “Request for Fingerprint Card Form” that is located on the Board’s website at [www.swmft.ms.gov](http://www.swmft.ms.gov) and mail it to the Board’s Office 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.**

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) with them at the time their fingerprints are taken. Applicants should have their fingerprints rolled or placed on the fingerprint card electronically 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 mail your completed fingerprint card to the Mississippi Department of Public Safety, Criminal Information Center. The Center shall process the fingerprint images and forward them to the FBI for identification through the national system. **It will take four (4) to six (6) weeks for your criminal history record information check to be processed.** 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.

**The fingerprint criminal history and sex offender registry checks apply to applicants seeking licensure as a Licensed Social Worker (LSW), Licensed Master Social Worker (LMSW), Licensed Certified Social Worker (LCSW), upgrading from one level to another ( LSW to LMSW or LMSW to LCSW), Licensed Marriage Family Therapist Associate (LMFTA), Licensed Marriage Family Therapist (LMFT) or applicants reinstating a lapsed license.**