

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

AFFIDAVIT OF RETIREMENT

Licensee: _____ **License #** _____
First Name MI Last Name

Mailing Address: _____
Street or Box Number

City State Zip

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. Upon approval of such status, I will surrender my regular license for a license bearing the status of "retired".
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

Sworn and Subscribed to before me
this day of ____ 20____.

Signature of Licensee