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

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 stat**e**

If you are seeking licensure and are licensed as a social work in another state you will also go to 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

Sincerely,

Billy Dilworth
Executive Director

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

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

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: _____

(Continue on Back of This Form)

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**.

Name (Last,First, Middle Initial)	*Maiden Name or Given Surname*
Address(Street,City, State, and Zip Code)	Home Phone ( ) Work ( )
Social Security Number	Date of Graduation
License Applying For (Check One): ☐ Social Worker ☐ Master Social Worker ☐ 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

Name of Institution	Location of Institution (City & State)
Date of Attendance (Month/Year) *From:* *To:*	*Total Number of Academic Years*
Date Degree Conferred	*Degree Conferred*
Program Name & Curriculum Description	*Date o f Practicum/Internship:* From: Month _____ Day _____ Year _____ To: Month _____ Day _____ Year _____ Total Hours: _____
Social Work Program Accreditation (On date degree conferred)	Undergraduate: ☐ CSWE ☐ SACS ☐ Other: _____ Graduate: ☐ CSWE ☐ SACS ☐ 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 July1, 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 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.