



Mississippi State Board of Examiners For  
Social Workers and Marriage & Family Therapists  
P.O. Box 4508, Jackson, MS 39296-4508  
www.swmft.ms.gov

Dear Licensee

The processing fee for licensure verification is **\$25.00 per verification.**

Acceptable forms of payment are money order, cashier check, or business check. Please check one;

money order    cashier check    business check

Payable to: Mississippi Board of Examiners for SW/MFT

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Name as it appears on your license: \_\_\_\_\_

License # \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Last four (4) of your SSN: XXX-XX- \_\_\_\_\_      Telephone #: \_\_\_\_\_

Your mailing address:

\_\_\_\_\_  
\_\_\_\_\_

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

Some states have their own form they would like us to complete to verify your license. Please attached the individual state verification form to this form. If they require additional copies of information from you file that will be an additional copy fee of \$12.95 plus a 1.00 per page copying fee. The Board will email you that cost.

Is there a state verification form attached circle one:    yes    no

Do you want the Board to develop a verification letter to be sent?    yes    no

State in which you want the verification sent to: \_\_\_\_\_

State Agency Name: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

Fax #: \_\_\_\_\_

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

Verification to be sent via:     U.S. Mail     Fax     Email

Licensee's Signature: \_\_\_\_\_      Date: \_\_\_\_\_