

# 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