

**Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists
Board Notification of Change of Employment**

Licensees are required to notify the board of changes in place of employment within 10 days for employment (part-time, full-time, contractual, or consultative) for which a license is required.

MFTDSC

SWDSC

Name of Licensee: _____ License No.: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____ Started: _____

Email(s): _____

HR Director: _____ Phone: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____ Started: _____

HR Director: _____ Phone: _____

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____ Started: _____

HR Director: _____ Phone: _____

Previous Place of Employment:

Place of Employment: _____

Address: _____

City: _____ State: _____ Zip: _____ Ended: _____

HR Director: _____ Phone: _____

Signature _____ Date _____

This signature serves as an affidavit that the above statements are accurate and true to the best of my knowledge.