

**Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists  
Request for Reconsideration of Board Decision**

MFTDSC

SWDSC

Name of Petitioner: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Topic of Appeal: \_\_\_\_\_

Signature: \_\_\_\_\_

Date Reviewed by Discipline Specific Committee: \_\_\_\_\_

Denied: \_\_\_\_\_ Approved: \_\_\_\_\_