

Requirements for Requesting Waiver of Continuing Education or Extension of Time to Complete Continuing Education

The Board may waive continuing education requirements to a licensee who was not engaged in the practice of social work during a given continuing education renewal period on an individual basis for reasons of hardship, such as severe illness, disability, military service or other good cause. Any waiver will be granted solely in the discretion of the Board.

The Board may extend the time within which to fulfill continuing education requirements to a licensee during a given continuing education renewal period on an individual basis for reasons of hardship, such as severe illness, disability, military service or other good cause. Any waiver or extension of time will be granted solely in the discretion of the Board.

A licensee must submit the renewal application and applicable renewal fee along with a request for a waiver of or extension of time within which to fulfill, continuing education requirements. The request must be made in writing, under penalty of perjury, and must set forth with specificity the reasons for requesting the waiver or extension and, in the case of the waiver request, the portion of the renewal period during which the licensee was not engaged in the practice of social work. The licensee shall submit to the Board all documentation in support of the request for waiver or extension and such additional information or documentation as the Board may request in support of the waiver or extension. Health related waivers or extensions must be supported by a statement from your primary physician explaining the nature of your illness, length of illness, and expected time for recovery.

Waivers of the minimum continuing education requirements may be granted for up to one-half of the forty (40) hours of continuing education required for any two-year (biennial) renewal period. Extensions of time may be granted by the Board for a period not to exceed one (1) calendar year. The grant of an extension by the Board will result in the renewal of a license based on the condition that the licensee completes the continuing education requirement by the deadline established by the Board.

A waiver of continuing education requirements granted pursuant to this section shall be effective only for the biennial period in which such waiver is granted. If the condition(s) which necessitated the waiver continues into the next biennial period, a licensee who seeks another waiver must apply to the Board for a renewal of such waiver for the new biennial period.

If an extension of time is granted, the license will be placed on active status but the license shall be automatically changed to inactive status at the end of the extension period unless the licensee satisfies the continuing education requirement prior to that time. When the license is placed on inactive status, the licensee shall cease all activity requiring a license.

A licensee shall apply for a waiver or extension of continuing education requirements no later than 30 (thirty) days prior to the end of the biennial licensing period for which the waiver or extension is requested. All requests shall be sent to the office of the Board, by certified mail, return receipt requested.

An extension of time shall not be granted to any licensee who obtained an extension in the immediately preceding renewal or reporting period in which the licensee held an active license, except in the case of a licensee who is unable to complete the requirements due to military service commitment pursuant to a combat or national emergency assignment.

The Board may, as a condition of any extension or waiver granted, require the licensee to make up a portion of the continuing education requirement in the manner determined by the Board.

Please use the following form below to complete for request of waiver or extension. **The waiver/extension form must be submitted with your renewal application and fee.**

REQUEST FOR WAIVER/EXTENSION OF CONTINUING EDUCATION FOR SOCIAL WORK LICENSURE

LICENSEE INFORMATION			
License No:	License Expiration Date:	Request (check one): <div style="display: flex; justify-content: space-around;"> _____ Waiver _____ Extension of Time </div>	
Licensee Name: First Name Middle Name/Initial Last Name			
Mailing Address:			City:
State:	Zip Code:	County:	Daytime Contact Number:
Explanation of Waiver or Extension Request . Health related waivers or extensions must be supported by a statement from your primary physician explaining the nature of your illness, length of illness, and expected time for recovery. (Attach Additional Sheets if Necessary):			

I, _____, hereby request ___ a waiver of continuing education
 (Print Name)
 requirements or ___ an extension of time to complete the continuing education requirements. I attest that my license is currently active and in good standing with the Board. I affirm to the Board that I have read the aforementioned requirements for requesting a waiver of continuing education and extension of time to complete continuing education.

Licensee's Signature
Date Signed

FOR BOARD USE ONLY			
<input type="checkbox"/> Waiver approved	<input type="checkbox"/> Waiver denied	<input type="checkbox"/> Extension approved	<input type="checkbox"/> Extension denied
_____		_____	
Board member signature		Date	

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