

State of Mississippi
MISSISSIPPI BOARD OF EXAMINERS
FOR SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS
P.O. Box 4508
Jackson, MS 39296-4508
(601) 987-6806/Fax (601) 987-6808
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SUPERVISED SELF-DIRECTED LEARNING GROUP APPROVAL APPLICATION

This form is to be used by applicants applying to the Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists for approval to conduct a supervised self-directed learning group. The group must be led by a board approved supervisor in good standing. The group may earn up to eight (8) continuing education hours for each renewal period. **MFT ethics CE hours and Approved Supervisor CE hours will NOT be awarded for participation in any self-directed learning projects.** The group shall be limited to no less than four (4) and no more than eight (8) participants and a state approved supervisor.

Instructions:

- 1) Submit a supervision plan documenting the names and license numbers of all participants, proposed learning objectives, and an outline of the process for meeting each learning objective to the Marriage and Family Therapy (MFT) Continuing Education Committee. Only plans meeting the criteria for approval of continuing education activities listed in SEE PART 1903, CHAPTER 4, RULE 4.1, H. of the Rules and Regulations Regarding the Licensure of Social Workers and Marriage and Family Therapists will be approved. Plans should be submitted sixty (60) days in advance of the planned activity to ensure review by the MFT Continuing Education Committee.
- 2) Each participant must complete a post-evaluation report documenting the effectiveness of the group learning experience and turn it in to the Approved Supervisor leading the group. This report should include evidence that the learning objectives were met. The Approved Supervisor should maintain these reports for a period of four (4) years following completion of the supervised self-directed learning group experience.
- 3) The approved supervisor must issue each participant a signed certificate of completion containing the participant's name, license number, number of hours completed, dates of attendance, and MFT CE approval number.

A. GENERAL INFORMATION (to be completed by approved supervisor):

Name: _____
(Last) (First) (Middle) (Maiden)

Home Address: _____

(Street)

(City) (State) (Zip)

Work Address:

(Street)

(City)

(State)

(Zip)

Primary Telephone: (____) _____ Business Telephone (____) _____

Email Address _____

Employer or Place of Business: _____

Approved MFT Supervisor No.: _____

B. SELF-DIRECTED LEARNING PLAN:

Please attach a detailed Self-Directed Learning Plan to this application.

C. GROUP MEMBERS:

1) _____
(Name) (MFT License No.)

2) _____
(Name) (MFT License No.)

3) _____
(Name) (MFT License No.)

4) _____
(Name) (MFT License No.)

5) _____
(Name) (MFT License No.)

6) _____
(Name) (MFT License No.)

7) _____
(Name) (MFT License No.)

8) _____
(Name) (MFT License No.)

D. FEES:

Please submit a fee of \$125.00 with this application. Make cashier's check or money order payable to MSBOESWMFT. **MSBOESWMFT DOES NOT ACCEPT PERSONAL CHECKS.** All fees are nonrefundable.

(Approved Supervisor's signature)

(Date)