



Mississippi
State Board of Examiners for
Social Workers and Marriage & Family Therapists
Jackson, MS 39296-4508
Post Office Box 4508
601-987-6806/Fax: 601-987-6808
www.swmft.ms.gov

Dear Student Applicant:

Subject: Student approval to take the Association for Social Work Boards (ASWB) social work exam if you are within 15 hours of graduation.

The purpose of this form is to allow you take and pass the ASWB exam before graduation from your social work program. You should only apply to take the exam if you are planning to take it within next 30- 60 days. For example, if you graduation date is May 14, 201X, then you should submit your initial application no later than March 30, 201X and then take it before May 14th (graduation date).

Upon receipt of the \$25.00 initial application processing fee (cashier's check or money order) and the completed initial application form, the Board will approve you to sit for the exam and mail you an approval letter. ASWB no longer publishes the Candidate Handbook for mail-outs. To review examination instructions and download the Candidate Handbook, you must go to the follow online link: <https://www.aswb.org/wp-content/uploads/2013/12/Candidate-Handbook.pdf> (*Please read the Candidate Handbook*). It gives you instructions on how to apply to take the exam. The exam fee is a separate cost from the initial application processing fee.

The cost of the bachelors and masters exam is \$230.00; advanced and clinical exam is \$260.00. Those fees must be paid to ASWB. You may schedule an appointment to take the exam with ASWB within days after payment is received. If you fail the exam and plan to retake it, please follow the instructions in the candidate handbook.

The exam is given daily at two locations: Pearson Professional Center (Jackson), 1755 Lelia Drive, Suite 404, Jackson, MS 39211 and Pearson Professional Center (Tupelo), 431 W. Main St., Suite 340, Tupelo, MS 38801. ASWB will give you more detailed information about the test locations in your area or state.

A copy of the rules and regulations and all forms can be found at our website: www.swmft.ms.gov

Sincerely,

Billy Dilworth
Executive Director

Initial License Application

(Use for Social Work Licensure/ Student Approval to Take ASWB Examination)

(Please type or print in ink)

Date: _____ (Please use legal name that is identified on your driver license or social security card)

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

Mailing Address: _____ Telephone No.(____)_____-_____

(City) (State) (Zip Code) (County)

Social Security Number: [][][] - [][] - [][][][] Date of Birth [][] - [][] - [][]

Race: _____ Sex: Male Female U.S. Citizen: No Yes Legal Alien: No Yes

Place of Employment: _____

Public Agency Private Agency Title of Position: _____

Business Address: _____ Telephone No. (____)_____-_____

(City) (State) (Zip Code) (County)

If upgrading, give license number: [][] - [][][][]

1. License applying for (check one) See regulation for qualifications at each level. Social Worker (LSW)
Master Social Worker (LMSW)
Certified Social Worker (LCSW)

2. Are you a student within fifteen (15) hours of graduation from a college or university accredited by the Council on Social Work Education (CSWE) or Southern Association of College and Schools (SACS)? If you are not a student, skip to question #4. No Yes

3. Please have the Dean or Chair of your Social Work Department sign below to verify that you are within 15 hours of graduation:

Dean or Social Work Chair Date

Name of College or University: _____

4. Which social work degree do you possess : _____BSW _____MSW _____DSW/Ph.D. _____ N/A (Student)

5. Is your school accredited by _____ CSWE _____ SACS _____ BOTH _____ OTHER

Initial License Application Processing Fee: \$25.00 (Cashier's Check or Money Order, payable to MSBOESWMFT)

(NON-REFUNDABLE)

For Office Use Only:

Cashier's Check or Money Order #: _____ Amount: \$ _____ Date: _____

Name on check , if different from licensee: _____

MISSISSIPPI STATE BOARD OF EXAMINERS FOR SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS

- 6. Have you ever been licensed as a social worker in this state? If yes, what was your license number: _____ No Yes
- 7. Have you ever been licensed or registered as a social worker in another state? If yes, complete the Reciprocity/Information Verification Form and send it to the state(s) of previous licensure. No Yes
- 8. Have you ever had a license or permit encumbered in any way? If yes, has the decree changed? Attach a full explanation. No Yes
- 9. Has any court ever declared you mentally incompetent? If yes, attach a full explanation. No Yes
- 10. Have you ever been convicted of any crime or violation of law (*except minor traffic violations*)? If yes, attached a full explanation. No Yes
- 11. I have enclosed my initial license application processing fee (non-refundable) and current passport-like photo. No Yes
- 12. I understand that licensure as a social worker requires the following information to be completed and submitted to the Board for review it regularly scheduled board meeting for approval: Form 266, Form 267- verification of education , criminal history information check and passing score on the applicable ASWB examination. No Yes
- 13. **I understand that my application for licensure as a LSW or a LMSW shall be considered abandoned if the ASWB exam has not been attempted within six (6) months from the date on which the application was filed.** An application for LCSW shall be considered abandoned if the ASWB exam has not been attempted within six months from the date on which the Board approved the termination of supervision. Any subsequent application shall be treated as a new application. No Yes

(Notary Seal)

Subscribed and sworn to before me this _____ day of _____, 20__.

My commission expires on _____.

Notary Public

I, the undersigned, do hereby solemnly swear or affirm that I am the above applicant, and that the statements contained therein or accompanying this application are true to the best of my knowledge and belief.

Applicant's Signature

Date

**Current
Passport-Like Photo of
You Facing Forward**

(Application cannot be processed without photo. Photocopies will not be accepted. The photo must be an original of you facing forward.)

Complete form, make cashier's check or money order payable to **MSBOESWMFT** and mail to:

**MS Board of Examiners for SW/MFT
Post Office Box 4508
Jackson, MS 39296-4508**