

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's 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. By which method are you seeking licensure: Examination Reciprocity/Endorsement

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

3. 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 #5.*** No Yes

4. 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: _____

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

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

Initial Application Fee: 25.00 (make cashier's check or money order payable to **MSBOE SW/MFT**)

(FEES ARE 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

- 7. Have you ever been licensed as a social worker in this state? No Yes
If yes, what was your license number: _____
- 8. Have you ever been licensed or registered as a social worker in another state? No Yes
If yes, complete the Reciprocity Information/ Endorsement Form and send it to the state(s) of current or previous licensure.
- 9. Have you ever had a professional license revoked, suspended, or encumbered in any way? If yes, has the decree changed? Attach a full explanation. No Yes
- 10. Has any court ever declared you mentally incompetent? If yes, attach an full explanation. No Yes
- 10. Have you ever been arrested, charged, sentenced, or received deferred judgement for the commission of a felony, or any crime involving moral turpitude in the United States or foreign country? If yes, attached a full explanation. No Yes
- 11. Have you knowingly failed to renew a license during investigation or disciplinary action? 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:: Form 266, Form 267- verification of education , successful FBI background results 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
- 14. Have you ever had a record expunged from a felony or any criminal conviction? 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. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the Board. I also agree to uphold the laws and standards of conduct set forth in the laws of the State of Mississippi as pertain to the practice of Social Work

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 check or money order payable to **MSBOE SW/MFT** and mail to:

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