Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists

Social Work Discipline Specific Committee

Continuing Education Sub-Committee

Application for Sub-Committee Appointment

Please consider serving on the Social Work Continuing Education Sub-Committee of the MBOESWMFT. If you are interested in participating, complete the following form and return to info@swmft.ms.gov.

Most review activities will occur electronically, with some decisions requiring telephone consultation with other committee members. A commitment of 2-4 hours per month is requested from each member to review documents and communicate with the committee. Preliminary online training (with CE) will be given to prepare you for providing this service.

Name: ____________________________________________

Address: ____________________________________________

Email Address: ________________________________________

Telephone Numbers (where you can be reached – home, office, cell): __________________________

________________________________________________________

Current Mississippi Social Work License (in good standing) required.

License Number: __________________________

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Work History:

Current Employment (Agency, Address): ____________________________

Current Job Title: ____________________________________________

Previous Employment (Agency, Address): ____________________________

Previous Job Title: ____________________________________________

Previous Employment (Agency, Address): ____________________________

Previous Job Title: ____________________________________________

Previous Employment (Agency, Address): ____________________________

Previous Job Title: ____________________________________________

(Report social work jobs held for the past 5 years. If you do not have 5 years of social work experience, report positions held thus far. Include résumé or CV.)

Please respond to the following:
Are you available to screen continuing education applications for workshops & training sessions?

Yes___ No___

Are you available to review applications for designated provider status?

Yes___ No___

Do you have reliable internet & telephone access?

Yes___ No___

I have specialized knowledge in the following areas:

___ Services to Older Adults ___ Health Care
___ Services to Persons with Substance Misuse ___ Persons with Developmental Disabilities
___ Children ___ Mental Health
___ Adolescents ___ Hospice
___ Policy / Advocacy ___ Social Work Administration
___ Supervision ___ Homelessness
___ Research ___ School Social Work
___ LGBTQ ___ Family Health
___ Forensics / Criminal Justice ___ Community Development
___ Other (Specify)____________________ ___ Other (Specify)_____________________

Do you agree to observe confidentiality standards regarding all applications?

Yes___ No___

Do you agree to work on the CE Sub-Committee as a volunteer?

Yes___ No___

I acknowledge that the information I have provided is accurate.

Yes___ No___