



**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

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Dear Student Applicant:

**Subject: Student approval to take the applicable Association for Social Work Boards (ASWB) social work exam if you are classified as Senior in a CSWE accredited BSW program or in the final year of the MSW program at your college or university..**

**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 14<sup>th</sup> (graduation date).**

Upon receipt of the \$27.00 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/> and look under "EXAM CANDIDATES" (*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. 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. You may retake the exam in 90 days if your approval has not expired.

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.

Please understand that in the State of Mississippi you cannot practice as social worker without being licensed as social worker by the Mississippi State Board of Examiners for Social Workers and Marriage and Therapists (Board). It is nothing wrong with interviewing and accepting a position but you cannot practice as a social worker until you have received your license number from the Board. Employers may call the Board to verify if you possess a valid social work license but it is very **unprofessional** for an employer to call the Board office to inquiry about your application for licensing.

A copy of the rules and regulations and all forms can be found at our website: [www.swmft.ms.gov](http://www.swmft.ms.gov)

Sincerely,

A handwritten signature in cursive script that reads "Billy Dilworth".

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'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 certified as being in senior status or in the final year of the program 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 being in senior status or in the final year of the program:

\_\_\_\_\_  
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: \$27.00 (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
- 11. Have you ever been arrested, or charged, or sentenced for any misdemeanor or criminal Offense. 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
- 12. Have you knowingly failed to renew a license during investigation or disciplinary action? No  Yes
- 13. 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
- 14. **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
- 15. 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

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**

**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.)