STATE OF MISSISSIPPI
PHIL BRYANT, Governor
TATE REEVES, Lt. Governor

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

RECIPROCITY APPLICATION CHECKLIST

Thank you for your interest in Social Work licensure in the State of Mississippi. In order to reciprocity to MS, you will need to have a bachelors or masters degree in Social Work from an accredited CSWE program and a passing score from ASWB. Listed below are additional items that must be submitted to our office to be reviewed by the Board for Social Work. All forms may be found under the Forms tab at www.swmft.ms.gov.

- ☐ Initial Application- Form 266
- ☐ Initial Application Processing Fee ($27, money order or cashier's check only)
- ☐ Initial License Fee ($75.00 for LSW and $110.00 LMSW or LCSW)
- ☐ Verification of Education Form – Form 267
- ☐ Reciprocity Form (complete by the jurisdication or state were you are currently licensed)
- ☐ Passing Score from ASWB (Score transfer request can be found at ASWB.org)
- ☐ Request for Fingerprint Card Form - The Request must be submitted along with your initial application form. By state law, the Board cannot accept FBI background check results processed by employers or other agencies. Applicants should have their fingerprints placed on the fingerprint card **electronically (live scan)** by a local Law Enforcement Agency, such as a highway patrol office, local police department or sheriff's department. Fingerprints can be **rolled** on to the card, but they tend to rejected by the FBI due to poor quality. Results are valid for 180 days from the date stamped received by the Board office.
- ☐ **For LCSWs:** Please include supervision documentation with the Reciprocity Form

POST OFFICE BOX 4508, JACKSON, MS 39296-4508 • PHONE: 601-987-6806 • FAX: 601-987-6808

WWW.SWMFT.MS.GOV

Reciprocity Information / Endorsement Form

Instructions:

Complete Part I of this form and send both (Part I & II) to the all licensing boards of the state or jurisdiction in which you have held a social work license. Once they complete Part II, this form should be forwarded to the address on the back of this form. If the state of jurisdiction does not complete part II, It will be your (applicant) responsibility to supply the Board with the required information. **In addition to this form, you must also complete the initial application (form 266), verification of education form (form 267) and request for a fingerprint card form and submit them to the Board of Examiners. (all forms can be downloaded at www.swmft.ms.gov)**

PART I

~ To Be Completed by Applicant ~

To whom it may concern:
I am applying for a license as a social worker in the State of Mississippi and hereby consent to the release of any information, favorable or otherwise, which you may have concerning my license or my practice. When both (Parts I and II) are completed, please return the form to the licensing authority noted on the back of this form.

Applicant's Signature_____

Type or Print Full Name: _____
(First) *(Middle)* *(Last)*

Address: _____
(Street/PO Box) *(City)* *(State)* *(Zip)*

Date of Birth: _____ Social Security No: _____

Employer: _____ Supervisor: _____

Your Job Title: _____ Telephone Number: ___ (____)_____

Mississippi License Applying for: (check only one)
- ❑ Licensed Social Worker (LSW)
- ❑ Licensed Master Social Worker (LMSW)
- ❑ Licensed Certified Social Worker (LCSW)

Description of License Held in Other Jurisdiction:

Jurisdiction: _____ License No.: _____

Title of License: _____

Date Issued: _____ Expiration Date:_____

You are required to submit a passing ASWB score report to the Board. It must be forwarded from the Association of Social Work Boards (ASWB) to the us. You can obtain the score report request at www.aswb.org

ASWB Exam Taken: ❑ Clinical ❑ Advanced ❑ Masters ❑ Bachelors (**Note: If you did not take the ASWB Exam, you are not eligible for reciprocity/endorsement. If you possess a social work degree, you must apply for licensure as a new applicant and sit for the applicable ASWB exam)**

Part II

~ To be Completed By Board or Regulatory Agency ~

1. Does the Part I- information confirm with that in your records? ❑ Yes ❑ No
   If no, please explain: _____

2. Did the applicant obtain original license from your state? ❑ Yes ❑ No
   If no, which state issued the original license? _____

3. Was the applicant licensed under a "grandfathering" provision? ❑ Yes ❑ No

4. Do you consider the applicant to be in good standing at this time? ❑ Yes ❑ No
   If no, please explain: _____

   _____

5. According to your records, has the applicant ever been disciplined by the board, any state agency or by professional organization? ❑ Yes ❑ No
   If yes, please explain and attach a copy of the order, decree or other relevant documentation:

   _____

   _____

6. Did applicant complete Regulatory Agency or Board Approved Supervision?
   ❑ Yes ❑ No
   If yes, give dates: _____ to _____.

   Supervisor _____ ❑ ACSW ❑ LCSW ❑ _____
   (Other)

7. Do you any additional comments regarding the applicant's license or practice?
   _____

   _____

Date: _____

_____
Board Chair or Designated Official

_____
Title of Board

Board Seal

_____
Address

_____
City *State* *Zip* *Phone*

Upon completion of this form by the Licensure/ Registration Authority, please forward to:
Mississippi Board of Examiners
For Social Workers and Marriage & Family Therapists
Post Office Box 4508 ● Jackson, Mississippi 39296-4508