

# Social Work License Renewal Application

(Please type or print in black ink)

Date \_\_\_\_\_ LICENSE NO. \_\_\_\_\_

Current licensure status:  Active  On probation  Inactive

NAME \_\_\_\_\_ SS NO. \_\_\_\_\_ DOB \_\_\_\_\_  
(First) (Last)

Any other name, which MIGHT have appeared on your license: maiden name, nickname, etc.  
\_\_\_\_\_

Mailing Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Current Employment \_\_\_\_\_ Title of Position \_\_\_\_\_

Business Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

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

Since your last renewal have you been arrested or convicted of any violation of law (*except minor traffic violations*)  Yes  No *If yes, attach full explanation.*

Do you state by means of this application that you are in full compliance with the **STANDARDS OF CONDUCT** set forth in the Rules and Regulations Manual (pages 17-21)  Yes  No *If no, attach full explanation*

I hereby swear and affirm under penalties of perjury that the foregoing information is true. \_\_\_\_\_

Signature Date

<b>RENEWAL FEES</b>	<b>LSW - \$75</b>	<b>LMSW - \$110</b>	<b>LCSW - \$110</b>
	<b>September 30</b>	<b>April 30</b>	<b>April 30</b>

All fees are nonrefundable **Late Renewal Fee: \$55.00**

Make cashier's check or money order payable to **MBOE SW/MFT**

(Notary Seal)

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

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ **Date** \_\_\_\_\_

(Licensee's signature)

My commission expires on \_\_\_\_\_.

Notary Public

Mail to: **MBOE**  
PO Box 4508  
Jackson, MS 39296-4508

**FOR OFFICE USE ONLY:**

Date

Cashier's Check or M.O. #: \_\_\_\_\_ Amount: \_\_\_\_\_ on ck/mo: \_\_\_\_\_

Name on check if different from licensee: \_\_\_\_\_