

Social Work License Renewal Application

(Please type or print in black ink)

Date _____ LICENSE NO. _____

Current licensure status: ☐ Active ☐ On probation ☐ Inactive

NAME _____ Last 4 of SS _____ 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. 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.

Licensee's signature _____ Date _____

RENEWAL FEES	LSW - \$75	LMSW - \$110	LCSW - \$110
	September 30	April 30	April 30

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

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

Mail application 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: _____