

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

AFFIDAVIT OF RETIREMENT

Licensee: _____ License # _____
 First Name **MI** **Last Name**

Mailing Address: _____
 Street or Box Number **City** **State** **Zip**

Email Address: _____ Phone Number _____

I, _____ being duly sworn according to the Rules and
 (Licensee)
Regulations Regarding the Licensure of Social Workers and Marriage and Family Therapists deposes
and says:

1. I do not receive monetary compensation as a practitioner in the field of social work.
2. I understand that disciplinary actions will be taken against me if I perform social work services for compensation or present myself as a regular license social worker.

Notary Seal

Subscribed and sworn before me this _____ day of _____ 20____

My commission expires _____

Notary Public

Signature of Licensee

Date

You may now submit this for via email to info@swmft.ms.gov . If you submit via email, once we receive it, we will post the charges in your LARS profile where you can pay online. Please do not mail anything to us if you submit via email.