

BOARD OF EXAMINERS

P.O. BOX 4508 Jackson, MS 39296-4508 Phone (601)987-6806/Fax (601)987-6808 www.swmft.ms.gov info@swmft.ms.gov

Please type or print in black ink. Submit completed application to the Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists. A transcript of your degree/degree progress must be sent directly to, and received by, the Board by the educational institution before this application will be considered. A \$25.00 processing fee is required.

Personal Information

1. Name			
Last	First	Middle	Maiden
2. Mailing Address			
City	State	Zip	County
3. Telephone Number: ()	4.	Email Address (required)	
5. Date of Birth//	6.	Social Security Number	//
•	mmission on A therapy progra	ccreditation for Marriage a m. A transcript of your co	
1. Institution Granting Degree			
2. Degree Earned/Near Completion	n		
3. Is this degree from a COAMFT	E accredited pro	gram? 🛛 Yes 🗖 No	
4. Date Degree earned/anticipated	(month/year)		
Acceptance of Responsibility for Do you fully understand that any i form submitted to the Board, may license later? Yes No	naccurate inform	nation or misrepresentation of	
in this application are true and corr	m under the pen rect to the best of representatives of	alty of perjury that all statem of my knowledge and belief. of my education and any othe	nents made and information contained Further, I consent to a thorough er information that may be necessary

Signature of Applicant	Printed Name	Date
Application for AMFTRB Exam	Page 1 of 1	Revised 02/02/2023

Fees are payable to MBOESWMFT by money order or cashier's check .