Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists

Social Work Discipline Specific Committee

Continuing Education Sub-Committee

Application for Sub-Committee Appointment

Please consider serving on the Social Work Continuing Education Sub-Committee of the MBOESWMFT. If you are interested in participating, complete the following form and return to mboe@swmft.ms.gov.

Most review activities will occur electronically, with some decisions requiring telephone consultation with other committee members. A commitment of 2-4 hours per month is requested from each member to review documents and communicate with the committee. Preliminary online training (with CE) will be given to prepare you for providing this service.

Name:		
Address:		
Email Address:		
Telephone Numbers (where you can be reached – home, office, cell):		
Current Mississippi Social Work License (in good standing) required.		
License Number:		
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Work History:		
Current Employment (Agency, Address):		
Current Job Title:		
Previous Employment (Agency, Address):		
Previous Job Title:		
Previous Employment (Agency, Address):		
Previous Job Title:		

(Report social work jobs held for the past 5 years. If you do not have 5 years of social work experience, report positions held thus far. Include résumé or CV.)

Please respond to the following:

Yes___ No___

Are you available to review applications for desi	gnated provider status?	
Yes No		
Do you have reliable internet & telephone access?		
Yes No		
I have specialized knowledge in the following areas:		
Services to Older Adults	Health Care	
Services to Persons with Substance Misuse	Persons with Developmental Disabilities	
Children	Mental Health	
Adolescents	Hospice	
Policy / Advocacy	Social Work Administration	
Supervision	Homelessness	
Research	School Social Work	
LGBTQ	Family Health	
Forensics / Criminal Justice	Community Development	
Other (Specify)	Other (Specify)	
Do you agree to observe confidentiality standards regarding all applications?		
Yes No		
Do you agree to work on the CE Sub-Committee as a volunteer?		
Yes No		
I acknowledge that the information I have provided is accurate.		
Yes No		
Signature:	Date:	

Are you available to screen continuing education applications for workshops & training sessions?