



MISSISSIPPI STATE BOARD OF EXAMINERS FOR SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS

### EMERGENCY PROVISIONAL PERMIT FOR SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS

During a lawfully declared local, state or national disaster or emergency, the Board may grant a social worker or marriage and family therapist who holds a license to practice such profession in another state or territory of the United States an emergency temporary social worker permit to practice in Mississippi *to the extent authorized by this rule as if the individual were licensed in this state.*

License Type: \_\_\_LSW \_\_\_LMSW \_\_\_LCSW \_\_\_LMFT \_\_\_LMFTA License Number: \_\_\_\_\_

Expiration Date:\_\_\_\_\_ Currently licensed in the State of \_\_\_\_\_

Degree:\_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle/Maiden)

Primary Address: \_\_\_\_\_  
(City) (State) (Zip Code) (County)

Mailing Address: \_\_\_\_\_ Telephone No.(\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_  
(if different)

\_\_\_\_\_  
(City) (State) (Zip Code) (County)

Social Security Number: [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ] Date of Birth [ ][ ] - [ ][ ] - [ ][ ]

Race: \_\_\_\_\_ Sex: Male  Female  Email Address: \_\_\_\_\_

**That** by way of signature, I hold a current license in good standing as a \_\_\_social worker \_\_\_ marriage and family therapists in another state or territory of the United States,; possess a license that is equivalent to that of the Mississippi license and have no existing or history of disciplinary action against any license held in any jurisdiction; adhere to the scope of practice for a similarly licensed individual established by the licensing provisions, practice acts, or other laws, rules or regulations of the State of Mississippi. I must submit verification of licensure for each state or territory in which licensure has be issued.

I hereby certify that I am applying for privilege to use technology/telehealth in practice in the State of Mississippi on an Emergency Provisional Permit until the Governor’s State of Emergency expires.

I further certify that above license number is current and unencumbered, and I am not the subject of any pending investigation, disciplinary proceeding or adverse action by a licensing and/or regulatory entity.

This completed form should be sent via email to: [info@swmft.ms.gov](mailto:info@swmft.ms.gov) or mail to: MBOE, P.O.BOX 4508, JACKSON, MS 39296-4508



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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

(Notary Seal)

Subscribed and sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_.

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

\_\_\_\_\_  
Notary Public

**Submit copy of driver's  
license or passport or  
other photo  
identification issued by  
a government entity**