



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

INITIAL APPLICATION CHECKLIST for UPGRADING

Listed below are items that must be submitted to our office for Board approval before you are able to sit for the exam. Once your file is reviewed and approved, you will be sent an exam approval letter via email. Please allow 2 weeks for processing.

- ☐ Initial Application (Form 266) **Valid one year from the date stamped received by the Board office**
- ☐ Processing Fees (\$27.00 application fee, \$50.00 background check, \$32.00 upgrade fee, payable by money order, cashier's check, or online in LARS) – If you choose to pay online, the credit card company will charge a small processing fee. If you mail your fees in, please combine the total amounts (\$109.00).
- ☐ Verification of Education Form, Form 267, OR an official **SEALED** transcript.
Electronic transcripts can be emailed to info@swmft.ms.gov
- ☐ Request for Fingerprint Card Form (attached) - Upon the Board receiving the form, a fingerprint card will be mailed to you with instructions.

Please understand that in the State of Mississippi, you cannot practice as social worker without being licensed as social worker by the Mississippi Board of Examiners for Social Workers and Marriage and Therapists and have received your license number from the Board. Employers may visit the Board's website (License Search) to verify if you possess a valid social work license.

Social Work Initial License Application – for Upgrades ONLY

(Please type or print in ink)

Date: _____ (Please use legal name that is identified on your Driver's license or Social Security Card)

Name: _____
(Last) (First) (Middle/Maiden)

Mailing Address: _____ Contact No. (____) _____ - _____

(City) (State) (Zip Code) (County)

Email Address: _____

Social Security Number: _____ Date of Birth - -

Race: _____ Sex: Male ☐ Female ☐ U.S. Citizen: No ☐ Yes ☐ Legal Alien: No ☐ Yes ☐

Place of Employment: _____ Telephone No. (____) _____ - _____

Public Agency ☐ Private Agency ☐ Title of Position: _____

Business Address: _____
(Street/PO Box) (City) (State) (Zip Code) (County)

Current license number: - If this is your year to renew, please make sure you do so. Your new license will not be approved until you renew.

1. By which method are you seeking licensure: ☐ Examination ☐ Reciprocity/Endorsement

2. License applying for (check one) See regulation for qualifications at each level.

Master Social Worker (LMSW) ☐
Certified Social Worker (LCSW) ☐

3. Have you ever been licensed as a social worker in this state?
If yes, what was your license number: _____

No ☐ Yes ☐

4. Have you ever been licensed or registered as a social worker in another state?
If yes, complete the Reciprocity Information/ Endorsement Form and send it to the state(s) of current or previous licensure.

No ☐ Yes ☐

5. Which social work degree do you possess: _____ BSW _____ MSW

6. Is your school accredited by _____ CSWE _____ SACS _____ BOTH

Initial Application Fee: \$27.00 (make cashier's check or money order payable to MSBOE SW/MFT)

(FEES ARE NON-REFUNDABLE)

For Office Use Only:

CC, MO, TC, OC #: _____ Amount: \$ _____ Date: _____

Name on payment, if different from licensee: _____

(Continue on Back of This Form)

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

7. Have you **ever** been found in violation of laws or rules pertaining to professional practice or settled such charges prior to a formal finding in an administrative proceeding? No ☐ Yes ☐
8. Have you ever had a record expunged from a felony or any criminal conviction? No ☐ Yes ☐
9. Have you ever had a professional license revoked, suspended, or encumbered in any way? If yes, has the decree changed? Attach a full explanation. No ☐ Yes ☐
10. Has any court ever declared you mentally incompetent? If yes, attach a full explanation. No ☐ Yes ☐
11. Have you ever been arrested, or charged, or sentenced for any misdemeanor or criminal Offense. Received deferred judgement for the commission of a felony, or any crime involving moral turpitude in the United States or foreign country? If yes, attached a full explanation. No ☐ Yes ☐
12. Have you knowingly failed to renew a license during investigation or disciplinary action? No ☐ Yes ☐
13. Are there any pending charges against you? No ☐ Yes ☐
14. **I understand that licensure as a social worker requires additional information to be completed and submitted to the Board for review and that a passing score on the ASWB examination does not automatically qualify me to become licensed.** No ☐ Yes ☐
15. **I understand that I have one year from the date of the approval letter to sit for the ASWB exam and that my application for licensure will expire if I have not passed the exam and a new application will be submitted before I am approved to retake the exam.** No ☐ Yes ☐

(Notary Seal)

Subscribed and sworn to before me this _____ day of _____, 20__.

My commission expires on _____.

Notary Public

I, the undersigned, do hereby solemnly swear or affirm that I am the above applicant, and that the statements contained therein or accompanying this application are true to the best of my knowledge and belief. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the Board. 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

Applicant's Signature

Date

Complete form, make payment payable to **MBOE SW/MFT** and mail to:

**MS Board of Examiners for SW/MFT
Post Office Box 4508
Jackson, MS 39296-4508**

**Current
Passport-Like Photo of You
Facing Forward**

(Application cannot be processed without photo. Photocopies will not be accepted. The photo must be an original of you facing forward.)

Verification of Education for Licensure in Social Work

Instructions to Applicant:

Upon completion of the demographic information and waiver below, this form should be signed, notarized, and forwarded to the college of university where you obtained your **degree in social work**. This form may also be submitted by completing the top portion including notarizing and signing, and submitting directly to our office with a **sealed** transcript.

Name (Last, First, Middle Initial)		Maiden Name or Given Surname
Address (Street, City, State, and Zip Code)		Home Phone (Work) () ()
Last 4 of Social Security Number	Student Identification Number	Date of Graduation
License Applying For (Check One): <input type="checkbox"/> Master Social Worker <input type="checkbox"/> Certified Social Worker		Current License Number

Waiver For The Release of Information:

I am applying for licensure as a social worker in the State of Mississippi. I hereby authorize the verification of my degree conferred and further authorize the release of any transcript or other information, favorable or otherwise, to the Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists, should this information be requested at any time.

Subscribed and sworn before me this day of _____ 20____

My commission expires _____

Notary Public

Seal

Date

Applicant's Signature

Instructions to Education Institution:

Upon completion of this form please send to:

MS BOARD OF EXAMINERS OR
P.O. Box 4508
Jackson, MS 39296-4508

Email to
info@swmft.ms.gov
If you send via email, you do not have to mail

Name of Institution	Location of Institution (City & State)
Date of Attendance (Month/Year) From: _____ To: _____	Total Number of Academic Years
Date Degree Conferred	Degree Conferred/Awarded
Program Name & Curriculum Description	Date of Practicum/Internship: From: Month _____ Day _____ Year _____ To: Month _____ Day _____ Year _____ Total Hours: _____

Social Work Program Accreditation

(On date degree conferred)

Undergraduate: ☐ CSWE ☐ SACS ☐ Other: _____
Graduate: ☐ CSWE ☐ SACS ☐ Other: _____

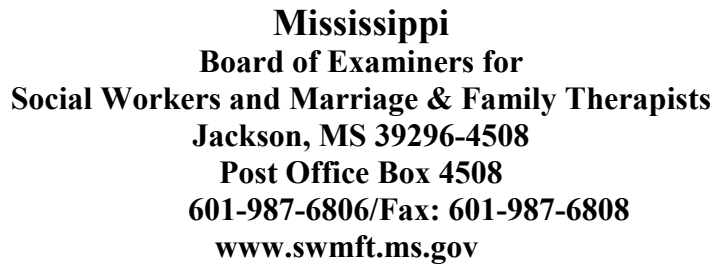
Registrar's Name (print or type)

Registrar's Signature

Telephone Number

Date

Seal of the College or University



INSTRUCTIONS: Complete this form and return to our office. Once this form is received with payment, we will mail you a fingerprint card. After getting your fingerprints added onto the card, be sure to fill out the descriptive information including signing the card, printing your name, your date of birth and social security number (as these spots are often overlooked). The fully completed card should be mailed to: Mississippi Board of Examiners for SW/MFT, P.O. Box 4508, Jackson, MS 39296-4508. Please do not allow the fingerprints to smudge.

I, _____, request that a fingerprint card be sent to me at the address listed below. I have enclosed the required \$50.00 processing fee, payable by money order or cashier's check to MBOE. I understand that the information received from both the Mississippi Criminal Information Center and the Federal Bureau of Investigations concerning my criminal history records check via fingerprint records will be reviewed and may affect the approval of my application for licensure, reinstatement or the status of the renewal of my license.

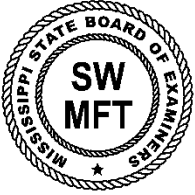
Phone: _____

I understand that it may take 4-6 weeks for my fingerprints to be processed by the MS Dept. of Public Safety. I understand that there may be delays in the processing of my fingerprint card if my fingerprints are unreadable and that will extend the processing of my background and sex registry check beyond 4-6 weeks.

Date

CC, MO, TC, OC #: _____ Amount: \$ _____ Date: _____

MBOESWMFT – Form 705 – Effective Date 01/13/2023



Mississippi
Board of Examiners for
Social Workers and Marriage & Family Therapists
Jackson, MS 39296-4508
Post Office Box 4508
601-987-6806/Fax: 601-987-6808
www.swmft.ms.gov

INSTRUCTIONS FOR FINGERPRINT CRIMINAL HISTORY RECORD CHECK

The Mississippi Statute 73-53-11 requires a **fingerprint based criminal history record information check and a sex offender registry check** for each applicant for licensure. The checks must be obtained from the appropriate governmental authority or authorities and must be received by the Board within one-hundred eighty (180) day of the completed application. The appropriate governmental authority is the Mississippi Department of Public Safety, Criminal Information Center (CIC) and the Federal Bureau of Investigations (FBI).

The fingerprint criminal history and sex offender registry checks apply to an applicant seeking licensure or reinstatement as a Licensed Social Worker (LSW), Licensed Master Social Worker (LMSW), Licensed Certified Social Worker (LCSW), Licensed Marriage Family Therapist Associate (LMFTA) and Licensed Marriage Family Therapist (LMFT).

Beginning January 1, 2011, the Board of Examiners will require that applicants complete a “Request for Fingerprint Card Form” that is located on the Board’s website at www.swmft.ms.gov and mail it to the Board’s Office if you are a new applicant. The Board will charge a processing fee of \$50.00 to process background checks. The fee is payable by money order or cashier’s check to the Mississippi Board of Examiners for SW/MFT. If you are a current licensee, you will be able to email the request to info@swmft.ms.gov and log into the licensee portal to pay this fee online.

After receiving the applicant’s request and payment, the Board will mail you a traditional fingerprint card. Please follow the following instructions for completing the cards:

- ☞ Applicants must have picture identification (driver’s license). Applicants should have their fingerprints rolled by a local Law Enforcement Agency, such as a local police department or sheriff’s department. Be prepared to pay a fee for having the fingerprint card executed as some law enforcement agencies charge a fee. The fingerprints must be taken by an appropriately trained law enforcement official. The fingerprint card must be signed by a law enforcement official in the appropriate block.
- ☞ Additional fingerprint cards are available from the Board’s office upon request. The Board’s contact information is available at the top of this letter.
- ☞ Fingerprint cards must be completely filled out. Required information includes: full name, social security number, date of birth, home address, sex, height, weight, hair color, eye color, place of birth (state or country only), citizenship, and reason fingerprinted. Reason fingerprinted should be pre-filled with the following statement: “Applicant for SW or MFT Licensure, Miss. Ann. 73-53-11”.
- ☞ The fully completed card should be mailed to: Mississippi Board of Examiners for SW/MFT, P.O. Box 4508, Jackson, MS 39296-4508. Please do not allow the fingerprints to smudge.
- ☞ The Board will process your completed fingerprint card. Your fingerprint images will be forwarded to the FBI for identification through the national system. It may take up to two (2) weeks for your criminal

history record information check to be completed. The completed criminal history and sex offender registry checks must be received by the Board office before an individual's application will be considered for licensure.

- ☞ Please note that if your fingerprint card is rejected, you will be notified in writing and processing of your application will be delayed.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.











































Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>

Acceptable Fingerprint Card Example

Completed cards should be mailed to: MBOESWMFT, P.O. Box 4508, Jackson, MS 39296-4508.

APPLICANT <small>FD-258 (REV. 3-1-10) 3110-10648</small> SIGNATURE OF PERSON FINGERPRINTED: <i>Jane E. Doe</i>		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME: DOE FIRST NAME: Jane MIDDLE INITIAL: Ella		FBI LEAVE BLANK																																	
RESIDENCE OF PERSON FINGERPRINTED: 425 Adams Court Lark, MS 38770		ALIASES AKA: _____ IDENTIFICATION NUMBER: MS920476Z BD EXAM SOCIAL WORK JACKSON, MS		DATE OF BIRTH: 01 02 2001 DOB: 01 02 2001																																	
DATE: 1/5/14 SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: <i>Sharon Linphuy</i>		CITIZENSHIP: USA SEX: F RACE: BLK HEIGHT: 5' 2" WEIGHT: 123 EYES: BRN HAIR: BRN		PLACE OF BIRTH: Flowood, MS																																	
EMPLOYER AND ADDRESS: 837 4th Street Merry, MS 38740		EMPLOYEE NO.: OCA		LEAVE BLANK																																	
REASON FOR FINGERPRINTING: Applicant of SW or MFT Licensure, Miss. Code Ann. Section 73-53-11		FBI NO.: _____ ARMED FORCES NO.: MNU		CLAS: _____ REL: _____																																	
SOCIAL SECURITY NO.: SOC 123-45-6789		MINCELLANEOUS NO.: MNU																																			
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