



**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.

You may now submit this packet via email to [kdixon@swmft.ms.gov](mailto:kdixon@swmft.ms.gov) or [info@swmft.ms.gov](mailto: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.

- ☐ 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](mailto: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/Mai den)

Mailing Address: \_\_\_\_\_ Contact No.(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

(City)

(State)

(Zip Code)

(County)

Email Address: \_\_\_\_\_

Last 4 of 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:

Subscribed and sworn before me this day of \_\_\_\_\_ 20\_\_\_\_

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.

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: _____

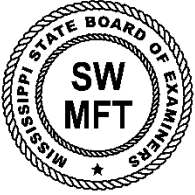
<b>Social Work Program Accreditation</b> (On date degree conferred)	Undergraduate: <input type="checkbox"/> CSWE <input type="checkbox"/> SACS <input type="checkbox"/> Other: _____ Graduate: <input type="checkbox"/> CSWE <input type="checkbox"/> SACS <input type="checkbox"/> Other: _____
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\_\_\_\_\_  
Registrar's Name (print or type)

*Seal of the College or University*

\_\_\_\_\_  
Registrar's Signature

\_\_\_\_\_  
Telephone Number Date



**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**

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## REQUEST FOR FINGERPRINT CARD

**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.

Mark one:     ☐ Applicant for social work license  
                  ☐ Applicant for LMFT license  
                  ☐ Applicant for LMFTA license  
                  ☐ License Renewal: license # \_\_\_\_\_  
                  ☐ Reinstatement: license # \_\_\_\_\_

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.

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only:**

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

Name on payment, if different from licensee: \_\_\_\_\_

# Acceptable Fingerprint Card Example

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

<b>APPLICANT</b> <small>FD-258 (REV. 3-1-10) 1110-1048</small> SIGNATURE OF PERSON FINGERPRINTED: <i>Jane E. Doe</i>		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME: <i>DOE</i> FIRST NAME: <i>Jane</i> MIDDLE NAME: <i>Ella</i>		FBI LEAVE BLANK	
RESIDENCE OF PERSON FINGERPRINTED: <i>425 Adams Court Lark, MS 38770</i>		ALIASES AKA:		MS920476Z BD EXAM SOCIAL WORK JACKSON, MS	
DATE: <i>1/5/14</i> SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: <i>Sharon Linphuy</i>		CITIZENSHIP: <i>USA</i> SEX: <i>F</i> RACE: <i>Blk</i> HGT: <i>5' 2"</i> WGT: <i>123</i> EYES: <i>Brn</i> HAIR: <i>Brn</i>		DATE OF BIRTH: <i>01 02 2001</i> DOB: <i>01 02 2001</i>	
EMPLOYER AND ADDRESS: <i>837 4th Street Merry, MS 38740</i>		YOUR NO: <i>OCA</i>		PLACE OF BIRTH: <i>Flowood, MS</i>	
REASON FOR FINGERPRINTING: Applicant of SW or MFT Licensure, Miss. Code Ann. Section 73-53-11		FBI NO: <i>FBI</i>		LEAVE BLANK	
ARMED FORCES NO: <i>MNU</i>		SOCIAL SECURITY NO: <i>SOC 123-45-6789</i>		FBI NO:	
MISCELLANEOUS NO: <i>MNU</i>		FBI NO:		FBI NO:	
