



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

**INITIAL APPLICATION CHECKLIST**

In order to apply for licensure by examination in Mississippi, you will need to possess a bachelor's or master's degree in social work from an accredited CSWE program. You must obtain a LMSW license prior to applying for a LCSW license. Licensing as a LCSW will require a minimum of 24 months of LCSW supervision before receiving approval to sit for the ASWB clinical exam. It is your ethical responsibility to read and understand the rules and regulations regarding social work licensure.

**ALL FEES MUST BE PAID ONLINE!!!!**

**Listed below are items that must be submitted to our office for your approval to sit for the ASWB Examination. Once both documents are received, you will be emailed an exam approval letter which will give you exam instructions. Please allow 2 weeks for processing.**

- ☐ Online Initial Application (Please apply through the application portal)
- ☐ 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)

**Once you pass the ASWB exam, your test score will be forwarded to the Board office within 2 weeks. All remaining documents can be emailed to [info@swmft.ms.gov](mailto:info@swmft.ms.gov) EXCEPT for the fingerprint card. Your remaining fees will be posted in the portal to pay online once we receive your passing score.**

- ☐ Passport-type Photo (color photo of applicant from the shoulders up, similar to a headshot)
- ☐ Request for Fingerprint Card Form - Please submit this form to request a fingerprint card. Upon the Board receiving the form, your fee will be posted in the portal for you to pay online and a fingerprint card will be mailed to you with instructions.
- ☐ Submit the Initial License Fee (\$75.00 for bachelor level and \$110.00 initial license fee for LMSW or LCSW; or \$32 if upgrading a current license from LSW to LMSW or LMSW to LCSW). This fee will be posting in your account to pay online once we receive your passing score.

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.

# 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** OR you may submit an official transcript sent directly from your institution. The transcript may be emailed to [info@swmft.ms.gov](mailto:info@swmft.ms.gov) directly from the institution. If mailed, it must be in a sealed envelope from the institution.

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

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**  
**P.O. Box 4508**  
**Jackson, MS 39296-4508**

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
Program Name & Curriculum Description	Date of Practicum/Internship: From: Month _____ Day _____ Year _____ To: Month _____ Day _____ Year _____ Total Hours: _____

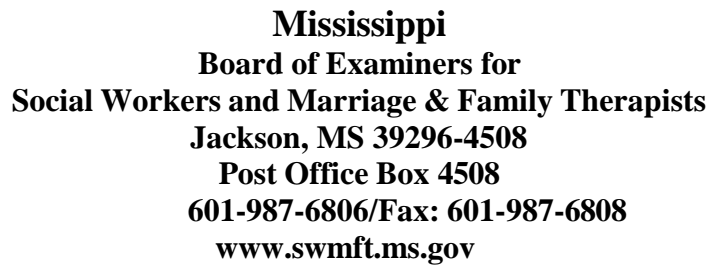
<b>Social Work Program Accreditation</b> (On date degree conferred)	Undergraduate: <input type="checkbox"/> CSWE <input type="checkbox"/> SACS <input type="checkbox"/> Other: _____ Graduate: <input type="checkbox"/> CSWE <input type="checkbox"/> SACS <input type="checkbox"/> Other: _____
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\_\_\_\_\_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

Seal of the College or University

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

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



**INSTRUCTIONS:** Complete and email this form to [info@swmft.ms.gov](mailto:info@swmft.ms.gov). Once this form is received, the fee will be posted in your profile to pay online, and 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. **YOU CANNOT EMAIL THE CARD!!** Please do not allow the fingerprints to smudge.

I, \_\_\_\_\_, request that a fingerprint card be sent to me at the address listed below. The required \$50.00 processing fee will be paid through the online payment portal, or 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.

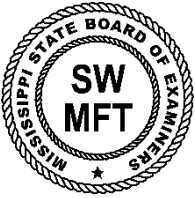
Phone:

I understand that it may take 4-6 weeks for my fingerprints to be processed by the agency. 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 02/09/2024



**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](http://www.swmft.ms.gov)**

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## 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](http://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](mailto: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.

<b>APPLICANT</b> <small>REVISION 3-1-00 1110-0048</small> <small>1-1-00 1-1-00 1-1-00 1-1-00</small>		<small>AVE BLANK</small> <small>1-1-00 1-1-00 1-1-00 1-1-00</small> <small>1-1-00 1-1-00 1-1-00 1-1-00</small>		<small>1-1-00 1-1-00 1-1-00 1-1-00</small> <small>1-1-00 1-1-00 1-1-00 1-1-00</small> <small>1-1-00 1-1-00 1-1-00 1-1-00</small>		<small>1-1-00 1-1-00 1-1-00 1-1-00</small> <small>1-1-00 1-1-00 1-1-00 1-1-00</small> <small>1-1-00 1-1-00 1-1-00 1-1-00</small>	
<b>OoL</b> <b>+25 Adams Court</b> <b>Lark, MS 38770</b>		<b>USA</b> <b>15114 Sharon Linphry</b> <b>837 4th Street</b> <b>Merry, MS 38740</b>		<b>MS920476Z</b> <b>BO EXAM SOCIAL</b> <b>JAOSON, MS</b>		<b>01 02 2001</b> <b>Flowood, MS</b>	
<b>Applicant of SW or MFT Licensure,</b> <b>Miss. Code Ann. Section 73-53-11</b>		<b>123-45-6789</b>		<b>123</b>		<b>123</b>	
