

# Social Work Initial License Application

(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: \_\_\_\_\_

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)

If upgrading, give license number: [ ][ ] - [ ][ ][ ][ ][ ]

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

2. License applying for (check one) See regulation for qualifications at each level. Social Worker (LSW)   
Master Social Worker (LMSW)   
Certified Social Worker (LCSW)

3. Have you ever been licensed as a social worker in this state? No  Yes   
If yes, what was your license number: \_\_\_\_\_

4. Have you ever been licensed or registered as a social worker in another state? No  Yes   
If yes, complete the Reciprocity Information/ Endorsement Form and send it to the state(s) of current or previous licensure.

5. Which social work degree do you possess: \_\_\_\_\_BSW \_\_\_\_\_MSW \_\_\_\_\_ N/A ( Student)

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.)