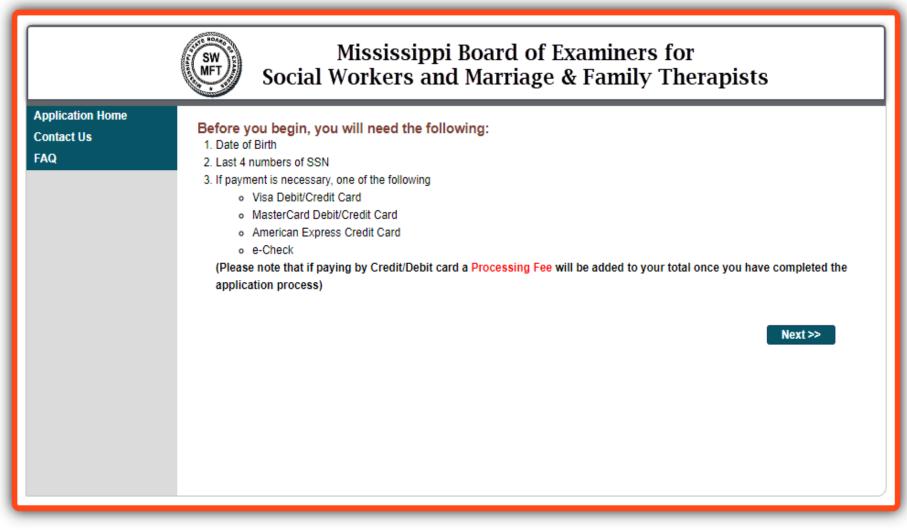
New Applicant Portal

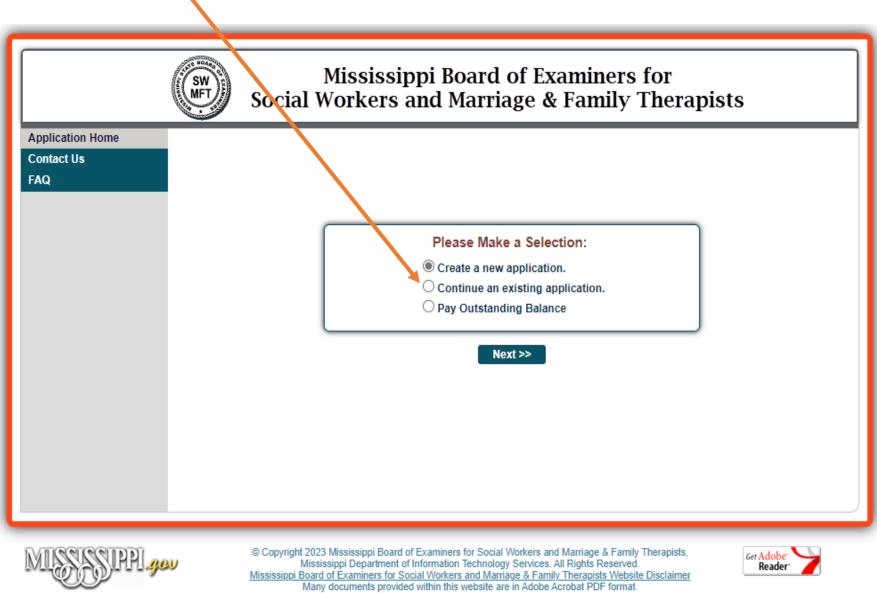
Listed below are step-by-step instructions for the applicant portal.







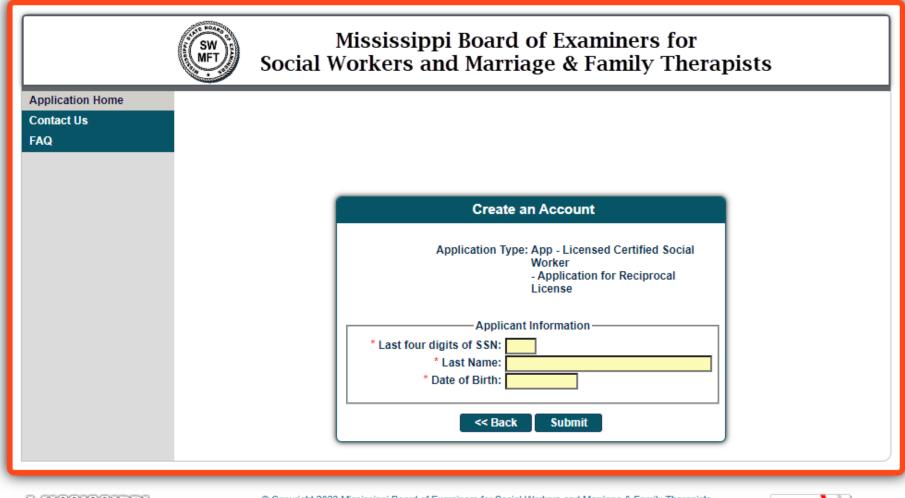
If for any reason you log out or something like a power failure occurs before getting to the Continue to Payment or completing the application, you will be able to log back in and continue with the application.



http://www.adobe.com/products/acrobat/readstep.html

	SW	Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists	
Application Home Contact Us FAQ			
		Select Application type to begin the application process and click on Next	
		 Licensed Master Social Worker Licensed Certified Social Worker 	
		<< Back Next >>	

	Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists
Application Home Contact Us FAQ	
	Select Application type to begin the application process and click on Next
	 Licensed Social Worker Licensed Master Social Worker Licensed Certified Social Worker What type of Licensed Certified Social Worker Application?
	Application for Regular License Application for Reciprocal License
	<< Back Next >>









Contact Information	Name:	Status:	Application Type:
Birth Information	Less	Draft	App - Licensed Certified Social Worker
Education			(Reciprocal)
Detailed Questions		Contact Information	
Required Documents			
Affidavit			
Summary Page		Applicant's Full Legal Name (required by sta	
Logout		* Prefix: << Select One >>	
		* First Name: Enter First Name	
		Middle Name: Enter Middle Name	ne
		* Last Name: Less	
		Suffix: << Select One >>	
		Applicant's Contact Details * Primary Phone: Enter Primary No	<select one=""> V</select>
		* Primary Phone: Enter Primary Nu Secondary Phone: Enter Secondary	
		* Email Address: Enter Email	
		* Re-Enter Email Address: Re-Enter Email	nfirmation will be sent to the email address
		provided.	initiation will be sent to the email address
		Applicant's Mailing Address 😨	
		* Country: United States of	America V
		* Address Line 1: Enter Address 1	
		Address Line 2: Enter Address 2	
		* Zip: Enter ZIP	
		* City:	
		* State: << Select One >: * County: Enter County	
		Applicant's Employer Info * Are you currently employed? Yes No	
		* Employer Name: Enter Employer I	Name
		Position: Enter Employme	
		* Employer Phone #: XXX-XXX-XXXX	
		Employer's Email: myemail@examp	ple.org
		* Country: United States of	America 🗸
		* Address Line 1: Enter Address 1	
		Address Line 2: Enter Address 2	
		* Zip: Enter ZIP 🛛 🔞	
		* City:	~
		* State: << Select One >>	× ×
		* County:	~

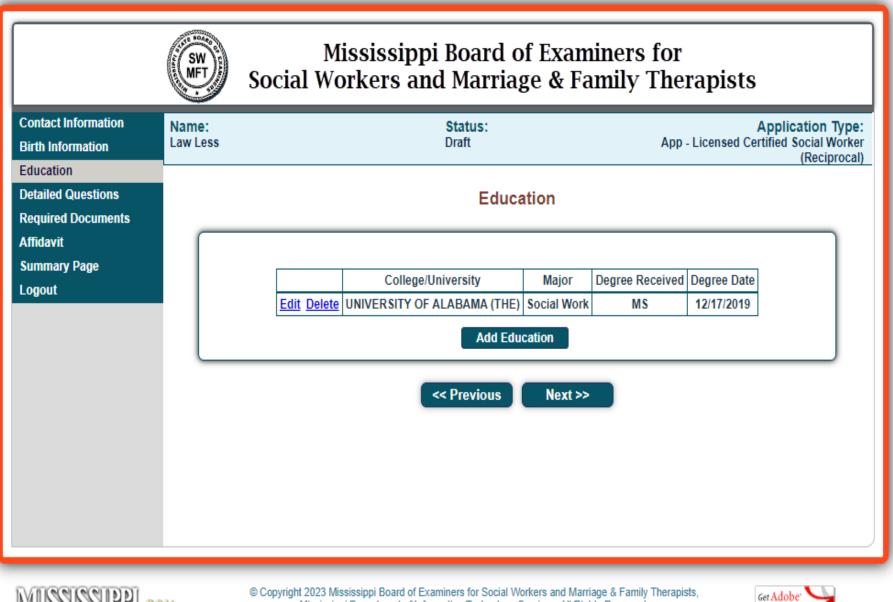


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Contact Information Birth Information	Name: Law Less	Status: Draft	Application Type: App - Licensed Certified Social Worker (Reciprocal)
Education Detailed Questions Required Documents		Education	, , , , , , , , , , , , , , , , , , ,
Affidavit Summary Page Logout		No Education Information	
		Add Education You must enter at least 1 items	
		<< Previous Next >>	
MISSSSIPPI.ge	ענ	© Copyright 2023 Mississippi Board of Examiners for Social Workers and Marriage & Family Mississippi Department of Information Technology Services. All Rights Reserved. <u>Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists Website</u> Many documents provided within this website are in Adobe Acrobat PDF format.	Reader'

http://www.adobe.com/products/acrobat/readstep.html



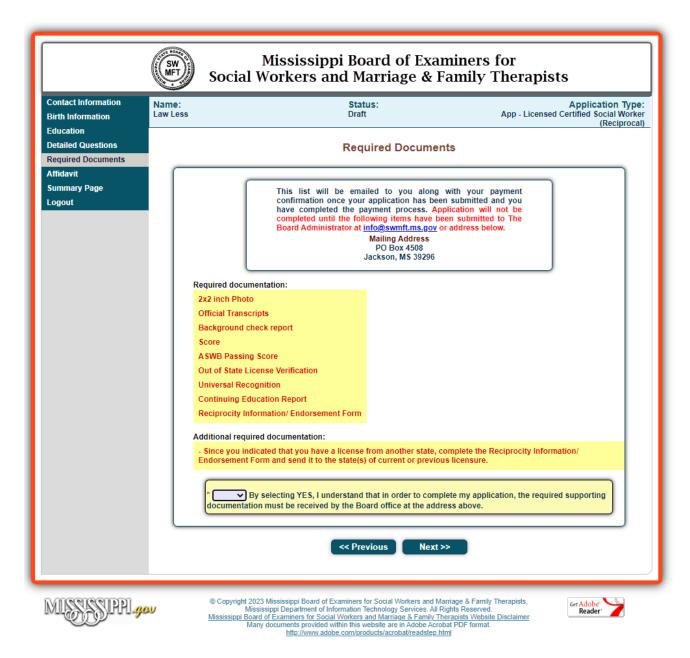
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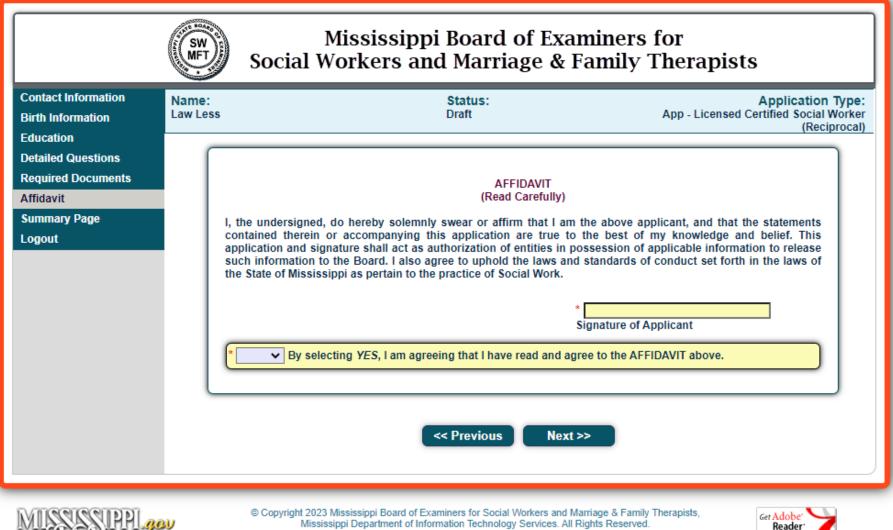




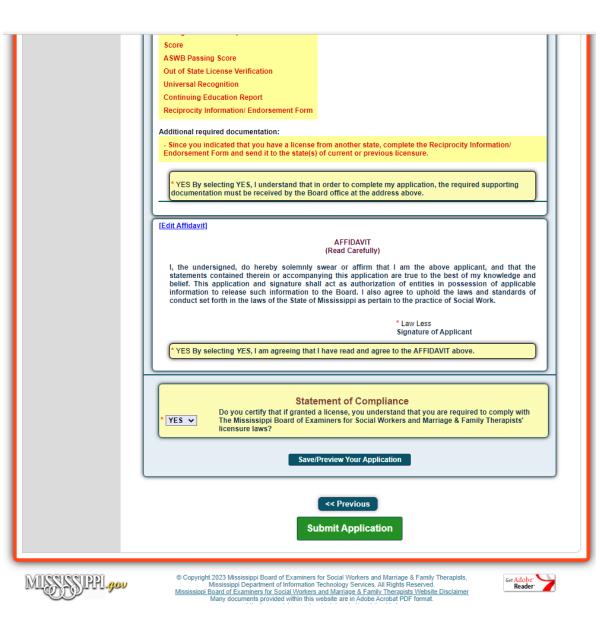
Contact Information Birth Information	Name: Law Less	Status: Application Type: Draft App - Licensed Certified Social Worker				
Education Detailed Questions		(Reciprocal)				
Required Documents Affidavit	_					
Summary Page		*Have you ever been licensed as a social worker in this state?				
Logout		<< Select One >> V				
		*Have you ever been licensed or registered as a social worker in another state?				
		*Which social work degree do you possess? << Select One >>				
		*Is your school accredited by CSWE? << Select One >>				
		*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?				
		Have you ever had a record expunged from a felony or any criminal conviction?				
		Have you ever had a professional license revoked, suspended, or encumbered in any way?				
		*Has any court ever declared you mentally incompetent?				
		*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? << Select One >> ✓				
		*Have you knowingly failed to renew a license during investigation or disciplinary action?				
		*Are there any pending charges against you? << Select One >>				
		*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.				
		*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.				
		<< Previous Next >>				

	SW MFT	Mississippi Board of Exami Social Workers and Marriage & Fan	
Contact Information Birth Information Education	Name: Law Less	Status: Draft	Application Type: App - Licensed Certified Social Worker (Reciprocal)
Detailed Questions Required Documents	_	Detailed Questions	
Affidavit Summary Page Logout		*Have you ever been licensed as a social worker in this state?	
		*Have you ever been licensed or registered as a social worker in ar YES Complete the Reciprocity Information/ Endorsement Form and licensure.	
		*Which social work degree do you possess? MSW	
		*Is your school accredited by CSWE? YES *Have you ever been found in violation of laws or rules pertaining t	to professional practice or settled such
		charges prior to a formal finding in an administrative proceeding? NO *Have you ever had a record expunged from a felony or any crimin	
		NO *Have you ever had a professional license revoked, suspended, or NO V	
		*Has any court ever declared you mentally incompetent?	
		*Have you ever been arrested, or charged, or sentenced for any mi Received deferred judgement for the commission of a felony, or an United States or foreign country? NO ✓	
		*Have you knowingly failed to renew a license during investigation NO *Are there any pending charges against you?	or disciplinary action?
		NO *I understand that licensure as a social worker requires additional	
		submitted to the Board for review and that a passing score on the <i>l</i> automatically qualify me to become licensed.	
		*I understand that I have one year from the date of the approval lett my application for licensure will expire if I have not passed the exa submitted before I am approved to retake the exam. YES V	





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Going to Payment

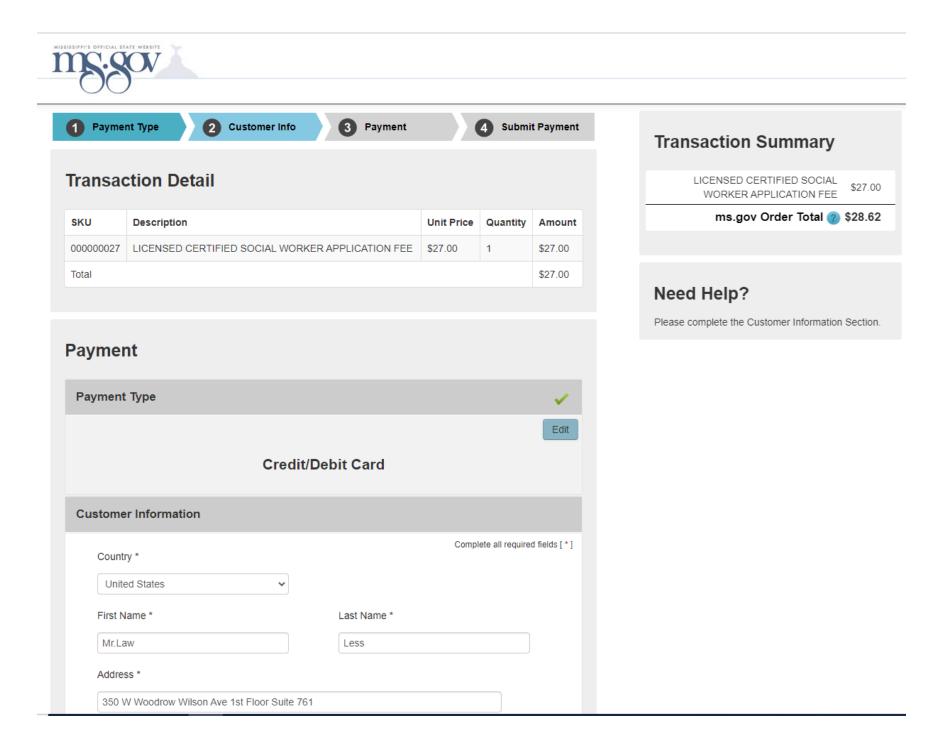
In order to make payment and complete your transaction, you will be redirected to NIC. You will be guided through the payment process and then be returned here to receive your payment confirmation and any additional requirements that may apply. By using this payment system, you attest that you are the account holder or have the written authority to use said account for the purpose of completing the financial obligations and that sufficient funds are available.

PLEASE DO NOT USE THE BROWSER BACK OR FORWARD BUTTON TO NAVIGATE UNTIL THE PAYMENT IS COMPLETE.

Continue with Payment









Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
00000027	LICENSED CERTIFIED SOCIAL WORKER APPLICATION FEE	\$27.00	1	\$27.00
Total				\$27.00

Payment

Payment Type		×
		Edit
	Credit/Debit Card	
Customer Information		×
		Edit
Address	Phone Number	
Mr.Law Less	246-317-1978	
350 W Woodrow Wilson Ave 1st Floor Jackson, MS 39213	Suite 761	
Country	Email Address	
	info@swmft.ms.gov	

Transaction Summary	
LICENSED CERTIFIED SOCIAL WORKER APPLICATION FEE	\$27.00
ms.gov Order Total 🝘	\$28.62

Need Help?

You have selected to pay by credit card. Complete Customer Billing Information and enter Credit Card Information.



4 Submit Payment

Transaction Detail

STATE WEBSITE

SKU	Description	Unit Price	Quantity	Amount
00000027	LICENSED CERTIFIED SOCIAL WORKER APPLICATION FEE	\$27.00	1	\$27.00
Total				\$27.00

Payment

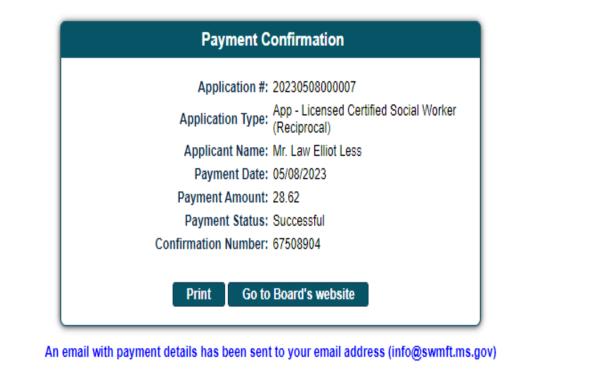
Payment Type		×
		Edit
Credit/I	Debit Card	
Customer Information		×
		Edit
Address	Phone Number	
Mr.Law Less	246-317-1978	
350 W Woodrow Wilson Ave 1st Floor Suite 761 Jackson, MS 39213		
Country	Email Address	
United States	info@swmft.ms.gov	
Payment Information		×

Transaction Summary	
LICENSED CERTIFIED SOCIAL WORKER APPLICATION FEE \$27.0	0
ms.gov Order Total 🍘 \$28.6	2

Need Help?

Please review the payment information you are about to submit. After reviewing and/or editing click SUBMIT PAYMENT to complete your transaction and obtain your receipt. NOTE: Your payment is not considered complete until you click SUBMIT PAYMENT.









We hope you enjoy using the new applicant portal. Please be sure to read Recent News periodically for updates!