


New Applicant Portal

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



Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists

- Application Home
- Contact Us
- FAQ

Before you begin, you will need the following:

1. Date of Birth
2. Last 4 numbers of SSN
3. If payment is necessary, one of the following
 - o Visa Debit/Credit Card
 - o MasterCard Debit/Credit Card
 - o American Express Credit Card
 - o e-Check

(Please note that if paying by Credit/Debit card a **Processing Fee** will be added to your total once you have completed the application process)

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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.

 **Mississippi Board of Examiners for
Social Workers and Marriage & Family Therapists**

Application Home
Contact Us
FAQ

Please Make a Selection:

- Create a new application.
- Continue an existing application.
- Pay Outstanding Balance

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

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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

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Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists

Application Home

Contact Us

FAQ

Create an Account

Application Type: App - Licensed Certified Social
Worker
- Application for Reciprocal
License

Applicant Information

* Last four digits of SSN:

* Last Name:

* Date of Birth:

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Submit



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





Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists

- Contact Information
- Birth Information**
- Education
- Detailed Questions
- Required Documents
- Affidavit
- Summary Page
- Logout

Name:
Less

Status:
Draft

Application Type:
App - Licensed Certified Social Worker
(Reciprocal)

Contact Information

Applicant's Full Legal Name (required by state law)

* Prefix: << Select One >> v

* First Name: Enter First Name

Middle Name: Enter Middle Name

* Last Name: Less

Suffix: << Select One >> v

Applicant's Contact Details

* Primary Phone: Enter Primary Nu <Select One> v

Secondary Phone: Enter Secondary <Select One> v

* Email Address: Enter Email

* Re-Enter Email Address: Re-Enter Email

Your Payment confirmation will be sent to the email address provided.

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: v

* State: << Select One >> v

* County: Enter County

Applicant's Employer Info

* Are you currently employed? Yes No

* Employer Name: Enter Employer Name

Position: Enter Employment Position

* Employer Phone #: XXX-XXX-XXXX

Employer's Email: myemail@example.org

* Country: United States of America v

* Address Line 1: Enter Address 1

Address Line 2: Enter Address 2

* Zip: Enter ZIP ?

* City: v

* State: << Select One >> v

* County: v



Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists

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Name:
Law Less

Status:
Draft

Application Type:
App - Licensed Certified Social Worker
(Reciprocal)

Personal Information

Where were you born? * Country: ▼

* State/Province: ▼

* City/Locality: ▼

* Date of Birth: Actual Date of Birth is required

*(Required by state law) SSN: -0008

Previous Name(s):

* Mother's Maiden Name:

* Are you a U.S. Citizen? ▼

* Are you a Legal Alien? ▼

Visa Type:

Visa Number:

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Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists

Contact Information

Name:

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Status:

Draft

Application Type:

App - Licensed Certified Social Worker
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Education

No Education Information

Add Education

You must enter at least 1 items

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Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists

Contact Information

Name:

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Status:

Draft

Application Type:

App - Licensed Certified Social Worker
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Education

	College/University	Major	Degree Received	Degree Date
Edit Delete	UNIVERSITY OF ALABAMA (THE)	Social Work	MS	12/17/2019

Add Education

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Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists

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Name:
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Status:
Draft

Application Type:
App - Licensed Certified Social Worker
(Reciprocal)

Detailed Questions

*Have you ever been licensed as a social worker in this state?

<< Select One >> v

*Have you ever been licensed or registered as a social worker in another state?

<< Select One >> v

*Which social work degree do you possess?

<< Select One >> v

*Is your school accredited by CSWE?

<< Select One >> v

*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?

<< Select One >> v

*Have you ever had a record expunged from a felony or any criminal conviction?

<< Select One >> v

*Have you ever had a professional license revoked, suspended, or encumbered in any way?

<< Select One >> v

*Has any court ever declared you mentally incompetent?

<< Select One >> v

*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 >> v

*Have you knowingly failed to renew a license during investigation or disciplinary action?

<< Select One >> v

*Are there any pending charges against you?

<< Select One >> v

*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.

<< Select One >> v

*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.

<< Select One >> v

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Name:
Law Less

Status:
Draft

Application Type:
App - Licensed Certified Social Worker
(Reciprocal)

Detailed Questions

*Have you ever been licensed as a social worker in this state?

NO

*Have you ever been licensed or registered as a social worker in another state?

YES

Complete the Reciprocity Information/ Endorsement Form and send it to the state(s) of current or previous 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 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 criminal conviction?

NO

*Have you ever had a professional license revoked, suspended, or encumbered in any way?

NO

*Has any court ever declared you mentally incompetent?

NO

*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?

NO

*Have you knowingly failed to renew a license during investigation or disciplinary action?

NO

*Are there any pending charges against you?

NO

*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.

YES

*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.

YES



Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists

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Name:
Law Less

Status:
Draft

Application Type:
App - Licensed Certified Social Worker
(Reciprocal)

Required Documents

This list will be emailed to you along with your payment confirmation once your application has been submitted and you have completed the payment process. **Application will not be completed until the following items have been submitted to The Board Administrator at info@swmft.ms.gov or address below.**

Mailing Address
PO Box 4508
Jackson, MS 39296

Required documentation:

- 2x2 inch Photo
- Official Transcripts
- Background check report
- Score
- ASWB Passing Score
- Out of State License Verification
- Universal Recognition
- Continuing Education Report
- Reciprocity Information/ Endorsement Form

Additional required documentation:

- Since you indicated that you have a license from another state, complete the Reciprocity Information/ Endorsement Form and send it to the state(s) of current or previous licensure.

By selecting YES, I understand that in order to complete my application, the required supporting documentation must be received by the Board office at the address above.

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Name:
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Status:
Draft

Application Type:
App - Licensed Certified Social Worker
(Reciprocal)

AFFIDAVIT (Read Carefully)

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.

*
Signature of Applicant

* By selecting YES, I am agreeing that I have read and agree to the AFFIDAVIT above.

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- Score
- ASWB Passing Score
- Out of State License Verification
- Universal Recognition
- Continuing Education Report
- Reciprocity Information/ Endorsement Form

Additional required documentation:

- Since you indicated that you have a license from another state, complete the Reciprocity Information/ Endorsement Form and send it to the state(s) of current or previous licensure.

* YES By selecting YES, I understand that in order to complete my application, the required supporting documentation must be received by the Board office at the address above.

[\[Edit Affidavit\]](#)

**AFFIDAVIT
(Read Carefully)**

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.

* Law Less
Signature of Applicant

* YES By selecting YES, I am agreeing that I have read and agree to the AFFIDAVIT above.

Statement of Compliance

* YES ▾

Do you certify that if granted a license, you understand that you are required to comply with The Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists' licensure laws?

[Save/Preview Your Application](#)

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[Submit Application](#)



Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists

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](#)



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- 1 Payment Type
- 2 Customer Info
- 3 Payment
- 4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
000000027	LICENSED CERTIFIED SOCIAL WORKER APPLICATION FEE	\$27.00	1	\$27.00
Total				\$27.00

Payment

Payment Type ✓

Edit

Credit/Debit Card

Customer Information

Complete all required fields [*]

Country *

United States ▼

First Name *

Mr.Law

Last Name *

Less

Address *

350 W Woodrow Wilson Ave 1st Floor Suite 761

Transaction Summary

LICENSED CERTIFIED SOCIAL WORKER APPLICATION FEE \$27.00

ms.gov Order Total ? **\$28.62**

Need Help?

Please complete the Customer Information Section.

1 Payment Type

2 Customer Info

3 Payment

4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
000000027	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

Mr.Law Less
 350 W Woodrow Wilson Ave 1st Floor Suite 761
 Jackson, MS 39213

Phone Number

246-317-1978

Country

United States


Email Address

info@swmft.ms.gov

Payment Information

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.

1 Payment Type

2 Customer Info

3 Payment

4 Submit Payment

Transaction Detail

SKU	Description	Unit Price	Quantity	Amount
000000027	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

Mr.Law Less
 350 W Woodrow Wilson Ave 1st Floor Suite 761
 Jackson, MS 39213

Phone Number

246-317-1978

Country

United States

Email Address

info@swmft.ms.gov

Payment Information ✓

Transaction Summary

LICENSED CERTIFIED SOCIAL WORKER APPLICATION FEE \$27.00

ms.gov Order Total ? **\$28.62**

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.



Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists

Payment Confirmation

Application #: 20230508000007
Application Type: App - Licensed Certified Social Worker
(Reciprocal)
Applicant Name: Mr. Law Elliot Less
Payment Date: 05/08/2023
Payment Amount: 28.62
Payment Status: Successful
Confirmation Number: 67508904

Print

Go to Board's website

An email with payment details has been sent to your email address (info@swmft.ms.gov)



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