



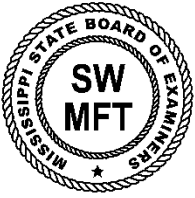
MISSISSIPPI
BOARD OF EXAMINERS
FOR SOCIAL WORKERS AND MARRIAGE & FAMILY THERAPISTS

RECIPROCITY APPLICATION CHECKLIST

In order to reciprocity to Mississippi, you will need to have a BSW or MSW in social work from an accredited CSWE program, a passing score from ASWB, and an active social work license in another state. Listed below are items that must be submitted to our office to be reviewed before licensure is issued.

- Initial Application
- Licensure Fees: LSW - \$152 payable by money order or cashier's check only
 LMSW - \$187 payable by money order or cashier's check only
 LCSW - \$187 payable by money order or cashier's check only
 NOTE: These totals include the application fee, initial license fee, and background check fee
- Verification of Education Form, Form 267, OR an official **SEALED** transcript.
 Electronic transcripts can be emailed to info@swmft.ms.gov
- Reciprocity Form (complete by the jurisdiction or state were you are currently licensed)
- Passing Score from ASWB (Score transfer request can be found at ASWB.org)
- Request for Fingerprint Card Form (the fee for the background check is included in the licensure fee total)
- For LCSWs:** Please include supervision documentation with the Reciprocity Form

NOTE: Instructions are found on each form. You may combine all fees and submit one payment.
Cash and personal checks are not acceptable forms of payment.



Mississippi
Board of Examiners for Social Workers and Marriage & Family Therapists
 Post Office Box 4508 * Jackson, MS 39296-4508
 601-987-6806 * Fax: 601-987-6808 *
www.swmft.ms.gov * info@swmft.ms.gov

Out-of-State Verification of Licensure

PART I – To be Completed by Applicant

Applicant should complete Part I of this form and send to all licensing boards of the state or jurisdiction in which you have held a social work license. Once they complete Part II, this form should be forwarded to the address at the top of this form. I am applying for a license as a social worker in the State of Mississippi and hereby consent to the release of any information, favorable or otherwise, which you may have concerning my license or my practice.

Applicant's Signature: _____ Print Full Name: _____ Last four of SS No: _____

State verification is requested: _____ Mississippi License Applied for (select one): LSW LMSW LCSW

Part II - To be Completed by Board or Regulatory Agency: Upon completion of this form by the Licensure/ Registration Authority please return directly to MBOESWMFT

Name of Licensee: _____ Level of Licensure: _____ License No: _____

Date of Issue: _____ Is License Current? _____ Expiration Date: _____

Licensed by: () ASWB Examination () Grandfathering () Reciprocity/Endorsement () Other

Level of ASWB Exam: _____ Pass or Fail If grandfathered in, did licensee ever take the exam? _____

If other, please list name of exam? _____ Level: _____ Score: _____

If licensed at the LCSW level, was 2 years of clinical supervision completed? _____

If yes, please list the dates? From: _____ to _____ How many hours were completed? _____

Supervisor's Name: _____ License Number & Level: _____

Is License in Good Standing? _____ If no, please explain: _____

Any derogatory information? _____ If yes, please explain: _____

Has License ever been suspended, revoked or restricted? _____ If yes, please attach copies of any actions.

_____/_____/_____
Signature Printed Name Title

_____/_____
Title of Board Phone Number

Board Seal

Date

Social Work Initial License Application by Reciprocity

(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/Maiden)

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 Out-of-state Verification of Licensure and send it to the state(s) of current or previous licensure.

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 or pending court proceedings? No Yes
14. I understand that licensure as a social worker requires additional information to be completed and submitted to the Board for review before a license is issued. 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) () ()
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:

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.

Subscribed and sworn before me this day of _____ 20__

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: _____

Social Work Program Accreditation

(On date degree conferred)

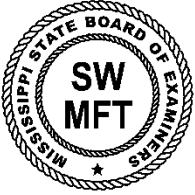
Undergraduate: CSWE SACS Other: _____
Graduate: CSWE SACS Other: _____

Registrar's Name (print or type)

Registrar's Signature

Seal of the College or University

Telephone Number Date



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601-987-6806/Fax: 601-987-6808
www.swmft.ms.gov

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 make 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.

APPLICANT <small>TYPE OR PRINT ALL INFORMATION IN BLACK</small> LAST NAME: DOE FIRST NAME: JANE MIDDLE NAME: EILA		FBI LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED Jane E. Doe		ALIASES AKA MS920476Z BD EXAM SOCIAL WORK JACKSON, MS	
RESIDENCE OF PERSON FINGERPRINTED 425 Adams Court Lark, MS 38770		DATE OF BIRTH: 01 02 2001 DOB YEAR	
DATE: 1/5/14 SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: Sharon Limphay		CITIZENSHIP: USA SEX: F RACE: Blk HGT: 5'2" WGT: 123 EYES: Brn HAIR: Brn PLACE OF BIRTH: Flowood, MS POB	
EMPLOYER/MAIL ADDRESS: 837 4th Street Merry, MS 38740		LEAVE BLANK	
ASBESTOS FINGERPRINTED: Applicant of SW or MFT Licensure, Miss. Code Ann. Section 73-53-11		SOCIAL SECURITY NO.: 123-45-6789 SOC MISCELLANEOUS NO.: MNU MNU	

