



MISSISSIPPI
STATE 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 and Processing Fee (\$27.00, money order or cashier's check only)
- Initial License Fee (\$75.00 for LSW and \$110.00 for LMSW or LCSW)
- Verification of Education Form – Form 267
- 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 (\$50.00, money order or cashier's check only)
- 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.

Reciprocity Information / Endorsement Form

Instructions:

Complete Part I of this form and send both (part I & II) 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 on the back of this form. If the state of jurisdiction does not complete Part II, it will be your (applicant) responsibility to supply the Board with the required information.

PART I – To be Completed by Applicant

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. When both (Parts I and II) are completed, please return the form to the licensing authority noted on the back of this form.

Applicant's Signature _____

Type or Print Full Name: _____
(First) (Middle) (Last)

Address: _____
(Street/PO Box) (City) (State) (Zip)

Date of Birth: _____ Social Security No: _____

Employer: _____ Supervisor: _____

Your Job Title: _____ Telephone Number: ____ (____) _____

Mississippi License Applied for: (check only one)
 Licensed Social Worker (LSW)
 Licensed Master Social Worker (LMSW)
 Licensed Certified Social Worker (LCSW)

Description of License Held in Other Jurisdiction:

Jurisdiction: _____ License No.: _____

Title of License: _____

Date Issued: _____ Expiration Date: _____

You are required to submit a passing ASWB score report to the Board. It must be forwarded from the Association of Social Work Board (ASWB) to us. You can obtain the score report request at www.aswb.org

ASWB Exam Taken: Clinical Advanced Masters Bachelors (Note: If you did not take the ASWB Exam, you are not eligible for reciprocity/endorsement. If you possess a social work degree, you must apply for licensure as a new applicant and sit for the applicable ASWB exam.)

Part II - To be Completed by Board or Regulatory Agency

- 1. Does the Part I- information confirm with that in your records? Yes No
If no, please explain: _____
- 2. Did the applicant obtain original license from your state? Yes No
If no, which state issued the original license? _____
- 3. Was the applicant licensed under a “grandfathering” provision? Yes No
- 4. Do you consider the applicant to be in good standing at this time? Yes No
If no, please explain: _____
- 5. According to your records, has the applicant ever been disciplined by the board, any state agency or by professional organization? Yes No
If yes, please explain and attach a copy of the order, decree or other relevant documentation:

- 6. Did applicant complete Regulatory Agency or Board Approved Supervision? Yes No
If yes, give dates: _____ to _____.
Supervisor _____ ACSW LCSW _____
(Other)

- 7. Do you any additional comments regarding the applicant’s license or practice?

Date: _____

Board Chair or Designated Official

Title of Board

Board Seal

Address

City State Zip Phone Number

Upon completion of this form by the Licensure/ Registration Authority, please forward to:
MBOE SW/MFT
Post Office Box 4508 ● Jackson, Mississippi 39296-4508

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/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 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.)

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: _____

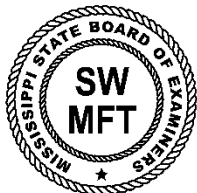
Social Work Program Accreditation (On date degree conferred)	Undergraduate: <input type="checkbox"/> CSWE <input type="checkbox"/> SACS <input type="checkbox"/> Other: _____ Graduate: <input type="checkbox"/> CSWE <input type="checkbox"/> SACS <input type="checkbox"/> Other: _____
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Registrar's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

Registrar's Signature

Seal of the College or University

Telephone Number Date



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

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 may 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.

LEAVE BLANK 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:			UIC: MS920476Z BD EXAM SOCIAL WORK JACKSON, MS	
RESIDENCE OF PERSON FINGERPRINTED: 425 Adams Court Lark, MS 38770		CITIZENSHIP: USA			DATE OF BIRTH: 01 02 2001 <small>MONTH DAY YEAR</small>	
DATE: 1/5/14 SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: Sharon Limphay		YOUR NO.: OCA			SEX: F RACE: Blk HGT: 5'2" WGT: 123 EYES: Brn HAIR: Brn PLACE OF BIRTH: Flowood, MS	
EMPLOYER MAIL ADDRESS: 837 4th Street Merry, MS 38740		FBI NO.: FBI			LEAVE BLANK	
ASBESTOS FINGERPRINTED: Applicant of SW or MFT Licensure, Miss. Code Ann. Section 73-53-11		SOCIAL SECURITY NO.: 123-45-6789 <small>SOC</small>			ARMBD FORCEING NO.: MNU	
		MISCELLANEOUS NO.: MNU				

