

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 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.

- □ Online Initial Application (Please apply through the application portal)
- □ Licensure Fees: LSW \$152 payable through the portal (see note below) LMSW - \$187 payable through the portal (see note below) LCSW - \$187 payable through the portal (see note below) NOTE: These totals include the application fee, initial license fee, and background check fee
- □ Verification of Education Form, Form 267, OR an official <u>SEALED</u> transcript. Electronic transcripts can be emailed to <u>info@swmft.ms.gov</u>
- □ Out-of-state License Verification (should be sent from your current state licensing agency)
- □ Passing Score from ASWB (Score transfer request can be found at ASWB.org) *See note below
- □ 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
- Universal Recognition Affidavit (for Mississippi Residents only) (This document should be submitted if you do not have a passing score on the ASWB examination. Please include the Proof of Residency (copy of driver's license or utility bill) See Miss Ann Code 73-50-2 and 73-53-13 for more information.
- **NOTE:** Instructions are found on each form. All fees should be paid through the payment portal. Once we receive your background check request, your background check fee and initial license fee will be posted to your account to be paid through the payment portal.

*If you are a MS resident and do not have a a passing score on the ASWB examination and have held an out-of-state license greater than one year, please complete the Universal Recognition Affidavit.

Board of Example Among SW	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 * <u>www.swmft.ms.gov</u> * info@swmft.ms.gov				
Out-o	f-State Verificati	ion of Licensu	re		
PART I – To be Completed by Applicant should complete Part I of this f held a social work license. Once they com I am applying for a license as a social work favorable or otherwise, which you may have	orm and send to all licens aplete Part II, this form sl ker in the State of Mississ	hould be forwarded to ippi and hereby conse	the address at the top of this form.		
Applicant's Signature:	Print Full Name:		Last four of SS No:		
State verification is requested:	_Mississippi License Ap	plied 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 L	icensure:	License No:		
Date of Issue:Is Licens	e Current?Ex	piration Date:			
Licensed by: () ASWB Examination	() Grandfathering	() Reciprocity/Endo	orsement () Other		
Level of ASWB Exam:	Pass or Fail If grandfa	thered in, did license	e ever take the exam?		
If other, please list name of exam?		Level:	Score:		
If licensed at the LCSW level, was 2 year	s of clinical supervision c	completed?			
If yes, please list the dates? From:	to	How many hour	rs were completed?		
Supervisor's Name:		License Numbe	er &Level:		
Is License in Good Standing? If r	10, please explain:				
Any derogatory information?I	f yes, please explain:				
Has License ever been suspended, revoke	d or restricted?	If yes, please attac	ch copies of any actions.		
		,			
Signature	Printed Name	////	ïtle		
			/		
Board Seal	Title of Board		Phone Number		
Dourd Dour	Date				

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 <u>degree in social work</u> OR you may submit an official transcript sent directly from your institution. The transcript may be emailed to <u>info@swmft.ms.gov</u> directly from the institution. If mailed, it must be in a sealed envelope from the institution.

Name (Last, First, Middle Initial)		Maiden Name or Given Surname
Address (Street, City, State, and Zip Code)		Home Phone (Work)
		()
Last 4 of Social Security Number	Student Identification Number	Date of Graduation
License Applying For (Check One):		
□ Social Worker □ Ma	ster Social Worker	ïed Social Worker
Vaiver For The Release of Information	1:	Subscribed and sworn before me this day of20
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		My commission expires
		Notary Public
ny time.		Seal
Instructions to Education		XAMINERS OR Email to info@swmft.ms.gov 6-4508 If you send via email, you do not have to mail
Name of Institution		Location of Institution (City & State)
Date of Attendance (Month/Year)		Total Number of Academic Years
From: To.		
Date Degree Conferred		Degree Conferred/Awarded
Program Name & Curriculum Descr	iption	Date of Practicum/Internship: From: MonthDay Year To: MonthDay Year
Social Warts Dragers	A concili ation	
Social Work Program		
(On date degree conferred)	Graduate:	CSWE SACS Other:

Registrar's Name (print or type)

Seal of the College or University

Registrar's Signature

Telephone Number

Date

MBOESWMFT - Form 267 - Effective Date 02/09/2024



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 and email this form to info@swmft.ms.gov. Once this form is received, the fee will be posted in your profile to pay online, and 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. YOU CANNOT EMAIL THE CARD!! 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.

The required \$50.00 processing fee will be paid through the online payment portal, or 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 agency. 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: \$Da	te:
Name on payment, if different from licensee:		
	MDOESWMET Form	705 Effective Date 02/00/2024



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INSTRUCTIONS FOR FINGERPRINT CRIMINAL HISTORY RECORD CHECK

The Mississippi Statute 73-53-11 requires a **fingerprint based criminal history record information check and a sex offender registry check** for each applicant for licensure. The checks must be obtained from the appropriate governmental authority or authorities and must be received by the Board within one-hundred eighty (180) day of the completed application. The appropriate governmental authority is the Mississippi Department of Public Safety, Criminal Information Center (CIC) and the Federal Bureau of Investigations (FBI).

The fingerprint criminal history and sex offender registry checks apply to an applicant seeking licensure or reinstatement as a Licensed Social Worker (LSW), Licensed Master Social Worker (LMSW), Licensed Certified Social Worker (LCSW), Licensed Marriage Family Therapist Associate (LMFTA) and Licensed Marriage Family Therapist (LMFT).

Beginning January 1, 2011, the Board of Examiners will require that applicants complete a "Request for Fingerprint Card Form" that is located on the Board's website at <u>www.swmft.ms.gov</u> and mail it to the Board's Office if you are a new applicant. <u>The Board will charge a processing fee of \$50.00 to process</u> background checks. The fee is payable by money order or cashier's check to the Mississippi Board of Examiners for SW/MFT. If you are a current licensee, you will be able to email the request to info@swmft.ms.gov and log into the licensee portal to pay this fee online.

After receiving the applicant's request and payment, the Board will mail you a traditional fingerprint card. Please follow the following instructions for completing the cards:

- Applicants must have picture identification (driver's license). Applicants should have their fingerprints rolled by a local Law Enforcement Agency, such as a local police department or sheriff's department. Be prepared to pay a fee for having the fingerprint card executed as some law enforcement agencies charge a fee. The fingerprints must be taken by an appropriately trained law enforcement official. The fingerprint card must be signed by a law enforcement official in the appropriate block.
- Additional fingerprint cards are available from the Board's office upon request. The Board's contact information is available at the top of this letter.
- Fingerprint cards must be completely filled out. Required information includes: full name, social security number, date of birth, home address, sex, height, weight, hair color, eye color, place of birth (state or country only), citizenship, and reason fingerprinted. Reason fingerprinted should be pre-filled with the following statement: "Applicant for SW or MFT Licensure, Miss. Ann. 73-53-11".
- 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.
- The Board will process your completed fingerprint card. Your fingerprint images will be forwarded to the FBI for identification through the national system. It may take up to two (2) weeks for your criminal

history record information check to be completed. The completed criminal history and sex offender registry checks must be received by the Board office before an individual's application will be considered for licensure.

Rease note that if your fingerprint card is rejected, you will be notified in writing and processing of your application will be delayed.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI} system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at https://www.fbi.gov/about-us/cjis/background-checks

Acceptable Fingerprint Card Example

Completed cards should be mailed to: MBOESWMFT, P.O. Box 4508, Jackson, MS 39296-4508.

