

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

The purpose of this form is to allow you take and pass the ASWB exam before graduation from your social work program. You should only apply to take the exam if you are planning to take it before you graduate. Student approval to take the applicable Association for Social Work Boards (ASWB) social work exam if you are classified as Senior in a CSWE accredited BSW program or in the final year of the MSW program at your college or university.

Upon receipt of the \$27.00 initial application processing fee (cashier's check or money order) and the completed initial application form, the Board will approve you to sit for the exam and email you an approval letter. You may view the Candidate Handbook at <https://www.aswb.org/> . It gives you instructions on how to apply to take the exam. The exam fee is a separate cost from the initial application processing fee.

The cost of the Bachelors and Masters exam is \$230.00. Those fees must be paid to ASWB. You may schedule an appointment to take the exam with ASWB within days after payment is received. If you fail the exam and plan to retake it, please follow the instructions in the candidate handbook. You may retake the exam in 90 days if your approval has not expired. The exam is given daily at various locations. ASWB will give you more detailed information about the test locations in your area or state.

Please understand that in the State of Mississippi you cannot practice as social worker without being licensed as social worker by the Mississippi State Board of Examiners for Social Workers and Marriage and Therapists (Board). There is nothing wrong with interviewing and accepting a position but you cannot practice as a social worker until you have received your license number from the Board. Employers may call the Board to verify if you possess a valid social work license but it is very unprofessional for an employer to call the Board office to inquiry about your application for licensing.

A copy of the rules and regulations and all forms can be found at our website: www.swmft.ms.gov.

~~~~IMPORTANT INSTRUCTIONS~~~~

➤ **Once you pass your exam, please submit the following to complete the licensure process:**

- The Request for Fingerprint Card Form and fee (\$50.00 payable by cashier's check or money order). You may submit the form with fee at any time during the application process.
- The Initial License Fee (\$75.00 for Bachelor Level and \$110.00 for Masters Level; or \$32 if upgrading a current license from LSW to LMSW). You may submit this fee at any time during the application process. It is not required for testing purposes.

➤ **Please be sure to submit the following after graduation:**

- Verification of Education Form (Form 267) Instructions are listed on the top of the form or an official sealed transcript. Electronic transcripts can be emailed to info@swmft.ms.gov

Initial License Application - Student

(Use for Social Work Licensure/ Student Approval to Take ASWB Examination)

Date: _____ (Please use legal name that is identified on your Driver's license or Social Security Card)

Name: _____ Email Address _____
(Last) (First) (Middle/Maiden)

Mailing Address: _____
(City) (State) (Zip Code) (County)

Contact No. _____ - _____ - _____ 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. License applying for (check one) Social Worker/BSW (LSW) Master Social Worker/MSW (LMSW)

2. You must be a student certified as being in senior status or in the final year of the program from a college or University accredited by the Council on Social Work Education (CSWE) or Southern Association of College and Schools (SACS).
If you are not a student, STOP! Please complete the initial application packet.

Please have the Dean or Chair of your Social Work Department sign below to verify that you being in senior status or in the final year of the program:

Dean or Social Work Chair | Name of College or University | Date

3. Which social work degree do you currently possess: ____ BSW ____ MSW ____ N/A (Student)

4. Is your school accredited by ____ CSWE ____ SACS ____ BOTH

5. Have you ever been licensed as a social worker in this state? No Yes
If yes, what was your license number: _____

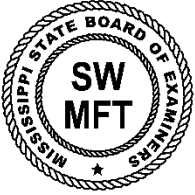
6. Have you ever been licensed or registered as a social worker in another state? No Yes
If yes, complete the Reciprocity Information/ Endorsement Form and send it to the state(s) of current or previous licensure.

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)



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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: _____

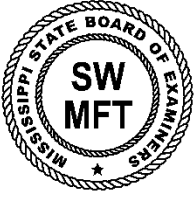
Phone: _____

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: _____		



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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 www.swmft.ms.gov and mail it to the Board’s Office if you are a new applicant. The Board will charge a processing fee of \$50.00 to process 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.

- ☞ Please 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.

APPLICANT <small>FBI FORM NO. 1-101 (11-10-05)</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK			FBI LEAVE BLANK		
SIGNATURE OF PERSON FINGERPRINTED <i>Jane E. Doe</i>		LAST NAME: DOE		FIRST NAME: JANE		MIDDLE NAME: EILA			
RESIDENCE OF PERSON FINGERPRINTED 425 Adams Court Lark, MS 38770		ALIASES AKA		OR MS920476Z BD EXAM SOCIAL WORK JACKSON, MS		DATE OF BIRTH: 01 02 2001 <small>Month Day Year</small>			
DATE: 1/5/14		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <i>Sharon Limphy</i>		CITIZENSHIP: USA		SEX: F		RACE: Blk	
EMPLOYER AND ADDRESS 837 4th Street Merry, MS 38740		TYPE NO.: OCA		HEIGHT: 5'2"		WEIGHT: 123		EYES: Brn	
REASON FOR FINGERPRINTING Applicant of SW or MFT Licensure, Miss. Code Ann. Section 73-53-11		FBI NO.: FBI		HAIR: Brn		PLACE OF BIRTH: Flowood, MS		POB:	
		ARMED FORCES NO.: MNU		LEAVE BLANK					
		SOCIAL SECURITY NO.: 123-45-6789							
		MISCELLANEOUS NO.: MNU							

