

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.

sealed transcript. Electronic transcripts can be emailed to info@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			

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

Initial License Application - Student (Use for Social Work Licensure/ Student Approval to Take ASWB Examination)

Date	:	(Please use le	gal name that is ide	entified on your	Driver's licens	e or Social Securi	ty Card)	
Nam	ne:	Email Address						
	(Last)	(First)	(Middle/M	aiden)				
Mail	ing Address:							
			(City)	(State)) (Zi _j	Code)	(County)	
Cont	act No	Social Se	ecurity Number:	-	Dat	e of Birth/_	/	
Race	o:	Sex: Male	Female	J.S. Citizen: No	Yes	Legal Alien:	No Yes	
Place	e of Employment:				Telepho	one No. () _		
Ę	Public Agency	Private Agency	Title of Positi	on:				
Busi	ness Address:			(0)	(0,)	(7) G 1)	(6	
	((Street/PO Box)		(City)	(State)	(Zip Code)	(County)	
If up	grading, give license n	umber:						
1.	License applying f	for (check one)	Social Worker/BS	SW (LSW)	Master Soc	ial Worker/MSW	(LMSW)	
2.	accredited by the (If you are not a s	dent certified as being in Council on Social Worktudent, STOP! Please ean or Chair of your Society of the Cogram:	k Education (CSW complete the initial	E) or Southern And application pa	Association of (acket.	College and School	ols (SACS).	
	Dean or Social Wo	 ork Chair	Name	e of College or U	Iniversity	 Dat		
2				-	•			
3.		degree do you curren				A (Student)		
4.	Is your school acc	redited by CS	WE SA	CSBO	TH			
5.		en licensed as a social our license number:]	No Yes		
6.	Have you ever been licensed or registered as a social worker in another state? No If yes, complete the Reciprocity Information/ Endorsement Form and send it to the state(s) of current or previous licensure.							
Initia	al Application Fee:	\$27.00 (make cashie	r's check or mone	y order payable	e to MSBOE S	W/MFT)		
			(FEES ARE N	ON-REFUNDA	ABLE)			
	r Office Use Only: , MO, TC, OC #:		Amo	ount: \$	1	Date:		
Nai	me on payment, it diffe	erent from licensee:						

(Continue on Back of This Form)

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

	Notary Public		to the practice of		11 1	
					and standards of conduct of Mississippi as pertain	
Му со	mmission expires on		authorization of information to re	f entities in p elease such info	ossession of applicable ormation to the Board.	
	, 20		application are	true to the bes	t of my knowledge and signature shall act as	
Subsc	ribed and sworn to before me this	day of	affirm that I a statements cont	m the above tained therein	olemnly swear or applicant, and that the or accompanying this	
15.	I understand that I have one year ASWB exam and that my applica passed the exam and a new applicato retake the exam.	tion for licensure will expire	if I have not	No 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.					
13.	Are there any pending charges against you?			No	Yes	
12.	Have you knowingly failed to renew a license during investigation or disciplinary action?			n? No	Yes	
11.	Have you ever been arrested, or charged, or sentenced for any misdemeanor or criminal No 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.					
10.	Has any court ever declared you me explanation.	entally incompetent? If yes, atta	ach a full	No	Yes	
9.	Have you ever had a professional li in any way? If yes, has the decree c			No	Yes	
8.	Have you ever had a record expung	ed from a felony or any crimin	al conviction?	No 🔲	Yes	
7.	Have you <u>ever</u> been found in violat practice or settled such charges prior			g?	Yes	

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.)

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

MBOESWMFT- FORM 253 - REVISED 11/10/2021

Verification of Education for Licensure in Social Work

Instructions to Applicant:

Name (Last, First, Middle Initial)

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>. This form may also be submitted by completing the top portion including notarizing and signing, and submitting directly to our office with a <u>sealed</u> transcript.

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 □ Master Social Worker □ Cer	tified Social Worker
Vaiver For The Release of Information:	Subscribed and sworn before me this day of20
am applying for licensure as a social worker in the State of Mississippi. I hereby authorize the verification of my degree	My commission expires
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	Notary Public
any time.	Seal
Date Applicant's Signature	
Upon completion of this form please send to: MS BOARD OF P.O. Box 4508 Jackson, MS 392	FEXAMINERS OR Email to info@swmft.ms.gov 296-4508 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 Description	Date of Practicum/Internship: From: Month Day Year To: Month Day Year Total Hours:
Social Work Program Accreditation (On date degree conferred) Undergrad Graduate:	
	Registrar's Name (print or type)
Seal of the College or University	Registrar's Signature
	Telephone Number Date



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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 v	work license		
-	Applicant for LMFT	license		
<u>-</u>	Applicant for LMFT.	A license		
-	License Renewal: lic	ense #		
-	Reinstatement: licens	se #		
I,	, request	that a fingerprint card	be sent to me at the address listed below	
I have enclosed the re	equired \$50.00 processing	fee, payable by mone	y order or cashier's check to MBOE.	Ĺ
understand that the info	ormation received from bo	oth the Mississippi Crin	ninal Information Center and the Federa	L
Bureau of Investigation	ns concerning my criminal	l history records check	via fingerprint records will be reviewed	Ĺ
and may affect the app	proval of my application	for licensure, reinstater	ment or the status of the renewal of my	,
license.				
Mailing	Address:			
]	Phone:			
I understand that it mal	ke take 4-6 weeks for my	fingerprints to be proce	ssed by the MS Dept. of Public Safety.	[
understand that there r	may be delays in the proce	essing of my fingerprin	t card if my fingerprints are unreadable	
and that will extend the	e processing of my background	ound and sex registry c	heck beyond 4-6 weeks.	
<u> </u>				
Signature	,	Date		
For Office Use Only:		Amount: \$	Date:	
		Αιτισαιτ. φ	Date.	
Name on payment, if diffe	erent 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. to process background checks. The fee is payable by <a href="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.

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APPLICANT LEAVE BLANK	TYPE OR FFCILL ALL I LAST NAME NAM FIRST	NEORMATION IN BLACK	FBI LEAVE BLANK
TA, 19, 10 PH (M. 100PH) TD:888REV 31-10) 1110-4046	Doe Ja	ne Ella	
DOMATSHE OF PLHSON FINGEFPRINTED	ALIASES AKA U	MS920476Z	
Jane E. Ooe		BD EXAM SOCIAL WORK	DATE OF BROW DOB
425 Adams Court	GELIZENSHIP CTZ	JACKSON, MS SEX FIACE HIST WITH EYES	
LOCK, MS 38770	USA TOUR NO OCA	F BIX 5' 2" 123 Bro	Brn Flowerd, MS
15/14 Sharon Limply	FBING. FBI	LEAVE 8	LANK
837 4th Street		2. A55	reference date of the color of
Merry, MS 38740	ARMED FORCES NO. MINU		
Applicant of SW or MFT Licensure,	123-45-6789	TS/21	many paper or construction and analysis of the second seco
Miss. Code Ann. Section 73-53-11	MIRGELLANEOUS FOR MARIL		
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		HIGHT FOUR FINGERS	TAKEN SAMILITAREN
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