

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~~~~

➤ **To complete the licensure process, please submit the following:**

- 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. It is not required for testing purposes.
- 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.

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)

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 []

Subscribed and sworn to before me this _____ day of _____, 20_____.

My commission expires on _____.

Notary Public

(Notary Seal)

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

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

Verification of Education for Licensure in Social Work

Instructions to Students:

This form cannot be completed by your school until they are able to confer your degree. Complete the top portion of this form, have it notarized, don't forget to sign, and mail or email this form to the college or university Registrar's Office 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
Degree To Be Conferred (Check One): <input type="checkbox"/> BSW <input type="checkbox"/> MSW	License Applying For (Check One): <input type="checkbox"/> Social Worker <input type="checkbox"/> Master 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: _____

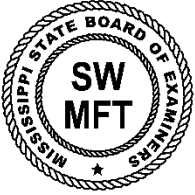
Social Work Program Accreditation (On date degree conferred)	Undergraduate: <input type="checkbox"/> CSWE <input type="checkbox"/> SACS
	Graduate: <input type="checkbox"/> CSWE <input type="checkbox"/> SACS

Registrar's Name (print or type)

Registrar's Signature

_____ Telephone Number _____ Date

Seal of the College or University



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

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

<p><i>For Office Use Only:</i> CC, MO, TC, OC #: _____ Amount: \$ _____ Date: _____ Name on payment, if different from licensee: _____</p>
--

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 HGT: 5'2" WGT: 123 EYES: Brn HAIR: Brn	
EMPLOYER AND ADDRESS 837 4th Street Merry, MS 38740		TYPE NO.: OCA		FBI NO.: FBI		LEAVE BLANK	
REASON FOR FINGERPRINTING Applicant of SW or MFT Licensure, Miss. Code Ann. Section 73-53-11		SOCIAL SECURITY NO.: 123-45-6789		ARMED FORCES NO.: MNU		PLACE OF BIRTH: Flowood, MS	
MISCELLANEOUS NO.: MNU							

