



**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](http://www.swmft.ms.gov) \* [info@swmft.ms.gov](mailto:info@swmft.ms.gov)**

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UNIVERSAL RECOGNITION OF AN OCCUPATIONAL LICENSE

AFFIDAVIT

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

I, the undersigned, \_\_\_\_\_ being duly sworn, hereby deposes and say:

1. I am over the age of 18 and am a resident of the State of \_\_\_\_\_. I have personal knowledge of the facts herein, and if called as a witness, could testify completely thereto.
2. I suffer no legal disabilities and have personal knowledge of the facts set forth below.
  - a. I hold a current and valid license in good standing in the State of \_\_\_\_\_ which currently has a similar scope of practice and have held this license from the Occupational Licensing Board in that State for at least one (1) year;
  - b. I attest that I have completed minimum educational requirements, work experience, examination requirements and clinical supervision requirements in effect; or have been awarded a military occupational specialty in this profession;
  - c. I am a resident of Mississippi.

OR

- d. I have worked in the State of \_\_\_\_\_, for a period of three (3) years or more and that State does not use a license to regulate a lawful occupation and I have provided IRS tax return for the prior three (3) years in verification of three (3) year's work experience in the occupation.

AND

- e. I have not committed any act in the other state that would have constituted grounds for refusal, suspension, or revocation of a license to practice that occupation in Mississippi at the time the act was committed and I do not have a disqualifying criminal record as determined by this Board under Mississippi law; and
- f. I have not surrendered a license because of negligence or intentional misconduct related to my work in this, or any other, occupation in another state; and
- g. I do not have a complaint, allegation or investigation pending before any licensing Board in Mississippi or any other state that relates to unprofessional conduct or an alleged crime; and
- h. I have submitted the state and federal fingerprint-based background check request to MS Board of Examiners for Social Workers and Marriage and Family Therapists; and
- i. I have submitted a completed Application for Licensure; and
- j. I have paid all applicable fees in Mississippi.

I further understand that prior to the issuance of a Temporary Practice Permit I must produce proof of a Mississippi state-issued identification card; or

1. current Mississippi residential utility bill with the applicant's name and address; or

2. documentation of current ownership, or current lease of a residence in Mississippi; or
3. documentation of current in-state employment or notarized letter of promise of employment; or
4. any verifiable documentation demonstrating Mississippi residence as approved by this Board.

I understand that I may practice under a Temporary Practice Permit until a license is granted, or until a notice to deny the license is issued, in accordance with Rules adopted by the Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists; and, the Temporary Practice Permit will expire in 365 days after its issuance.

Signed by the applicant, \_\_\_\_\_

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY ACKNOWLEDGMENT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

SEAL