



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

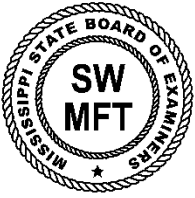
RECIPROCITY APPLICATION CHECKLIST

Universal Recognition

If you are licensed in another state and do not meet all of the requirements to apply for licensure by Reciprocity, you may use this application packet to submit for licensure in the state of Mississippi according to the Universal Recognition of Occupational Licenses Act, House Bill 1263, 73-50-2, Mississippi Code of 1972.

- Initial Application
- Universal Recognition Affidavit
- Licensure Fees: LSW - \$152 payable by money order or cashier's check only
 LMSW - \$187 payable by money order or cashier's check only
 LCSW - \$187 payable by money order or cashier's check only
 NOTE: These totals include the application fee, initial license fee, and background check fee
- Verification of Education Form, Form 267, OR an official **SEALED** transcript.
Electronic transcripts can be emailed to info@swmft.ms.gov
- Reciprocity Form (complete by the jurisdiction or state were you are currently licensed)
- Passing Score from ASWB (Score transfer request can be found at ASWB.org) – if applicable
- 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

NOTE: Instructions are found on each form. You may combine all fees and submit one payment.
Cash and personal checks are not acceptable forms of payment.



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 * info@swmft.ms.gov

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

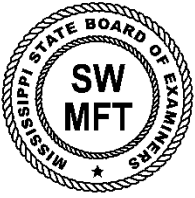
STATE OF _____

COUNTY OF _____

Notary Public

My Commission Expires

SEAL



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Out-of-State Verification of Licensure

PART I – To be Completed by Applicant

Applicant should complete Part I of this form and send to all licensing boards of the state or jurisdiction in which you have held a social work license. Once they complete Part II, this form should be forwarded to the address at the top of this form. I am applying for a license as a social worker in the State of Mississippi and hereby consent to the release of any information, favorable or otherwise, which you may have concerning my license or my practice.

Applicant's Signature: _____ Print Full Name: _____ Last four of SS No: _____

State verification is requested: _____ Mississippi License Applied 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 Licensure: _____ License No: _____

Date of Issue: _____ Is License Current? _____ Expiration Date: _____

Licensed by: () ASWB Examination () Grandfathering () Reciprocity/Endorsement () Other

Level of ASWB Exam: _____ Pass or Fail If grandfathered in, did licensee ever take the exam? _____

If other, please list name of exam? _____ Level: _____ Score: _____

If licensed at the LCSW level, was 2 years of clinical supervision completed? _____

If yes, please list the dates? From: _____ to _____ How many hours were completed? _____

Supervisor's Name: _____ License Number & Level: _____

Is License in Good Standing? _____ If no, please explain: _____

Any derogatory information? _____ If yes, please explain: _____

Has License ever been suspended, revoked or restricted? _____ If yes, please attach copies of any actions.

_____/_____/_____
Signature Printed Name Title

_____/_____
Title of Board Phone Number

Board Seal

Date

Social Work Initial License Application-Universal Recognition

(Please type or print in ink)

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

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

Mailing Address: _____ Contact No. (____) _____ - _____

(City) (State) (Zip Code) (County)

Email Address: _____

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. Do you have a passing score from ASWB or other state test? No Yes

2. License applying for (check one) See regulation for qualifications at each level. Social Worker (LSW)
Master Social Worker (LMSW)
Certified Social Worker (LCSW)

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

4. Have you ever been licensed or registered as a social worker in another state? No Yes
If yes, complete the Out-of-state Verification of Licensure and send it to the state(s) of current or previous licensure.

5. Please indicate your degree: _____ BSW _____ MSW _____ Other: _____

6. Is your school accredited by _____ CSWE _____ SACS _____ BOTH

Licensure Fees: LSW - \$152
LMSW / LCSW - \$187 payable by money order or cashier's check only

(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 or pending court proceedings? No Yes
- 14. **I understand that licensure as a social worker requires additional information to be completed and submitted to the Board for review before a license is issued.** No Yes

(Notary Seal)

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

My commission expires on _____.

Notary Public

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

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**

**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.)

Acceptable Fingerprint Card Example

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

APPLICANT <small>TYPE OR PRINT ALL INFORMATION IN BLACK</small> LAST NAME: DOE FIRST NAME: JANE MIDDLE NAME: EILA		FBI LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED Jane E. Doe		ALIASES AKA MS920476Z BD EXAM SOCIAL WORK JACKSON, MS	
RESIDENCE OF PERSON FINGERPRINTED 425 Adams Court Lark, MS 38770		DATE OF BIRTH: 01 02 2001 DOB YEAR	
DATE: 1/5/14 SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: Sharon Limphay		CITIZENSHIP: USA SEX: F RACE: Blk HGT: 5'2" WGT: 123 EYES: Brn HAIR: Brn PLACE OF BIRTH: Flowood, MS	
EMPLOYER/MAIL ADDRESS: 837 4th Street Merry, MS 38740		LEAVE BLANK	
ASBESTOS FINGERPRINTED: Applicant of SW or MFT Licensure, Miss. Code Ann. Section 73-53-11		SOCIAL SECURITY NO.: 123-45-6789 SDC MISCELLANEOUS NO.: MNU	

