Verification of Education for Licensure in Social Work

Instructions to Applicant:

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 **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
License Applying For (Check One): □ Social Worker □ Master Social Worker	□ Certified 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.

_____ _____

Date Applicant's Signature

Subscribed and sworn before me this day of _____ 20____

My commission expires _____

_____

Notary Public

Seal

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 o f Practicum/Internship:* From: Month _____ Day _____ Year _____ To: Month _____ Day _____ Year _____ Total Hours: _____

Social Work Program Accreditation (On date degree conferred)

Undergraduate: □ CSWE □ SACS □ Other:_____
Graduate: □ CSWE □ SACS □ Other:_____

_____
Registrar's Name (print or type)

Seal of the College or University

_____
Registrar's Signature

_____
Telephone Number *Date*