

# Initial License Application

(Use for Social Work Licensure/ Student Approval to Take ASWB Examination)

(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 (Optional): \_\_\_\_\_

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: [ ][ ] - [ ][ ][ ][ ]

- By which method are you seeking licensure:  Examination  Reciprocity/Endorsement
- License applying for (check one) See regulation for qualifications at each level. Social Worker (LSW)   
Master Social Worker (LMSW)   
Certified Social Worker (LCSW)
- Are you 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, select no and skip to question #5. No  Yes
- 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

- Which social work degree do you possess: \_\_\_\_\_ BSW \_\_\_\_\_ MSW \_\_\_\_\_ N/A ( Student)
- Is your school accredited by \_\_\_\_\_ CSWE \_\_\_\_\_ SACS \_\_\_\_\_ BOTH

**Initial Application Fee: \$27.00 (make cashier's check or money order payable to MSBOE SW/MFT)**

**(FEES ARE NON-REFUNDABLE)**

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

(Continue on Back of This Form)

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

7. Have you ever been licensed as a social worker in this state? No  Yes   
If yes, what was your license number: \_\_\_\_\_
8. 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.
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 an 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. I understand that licensure as a social worker requires the following information to be completed and submitted to the Board for review: Form 266, Form 267- verification of education, successful FBI background results and passing score on the applicable ASWB examination. No  Yes
14. **I understand that my application for licensure as a LSW or a LMSW shall be considered abandoned if the ASWB exam has not been attempted within six (6) months from the date on which the application was filed.** An application for LCSW shall be considered abandoned if the ASWB exam has not been attempted within six months from the date on which the Board approved the termination of supervision. Any subsequent application shall be treated as a new application. No  Yes
15. Have you ever had a record expunged from a felony or any criminal conviction? 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

Complete form, make payment payable to **MSBOE 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.)