

**State of Mississippi
MISSISSIPPI BOARD OF EXAMINERS
FOR SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS
P.O. BOX 4508
Jackson, MS 39296-4508
Phone (601)987-6806/Fax (601)987-6808
www.swmft.ms.gov email: info@swmft.ms.gov**

APPLICATION FOR LICENSURE AS A MARRIAGE AND FAMILY THERAPY ASSOCIATE

I. Personal Information

1. Name: _____
 Last First Middle Maiden
2. Mailing Address: _____

 City State Zip County
3. Business Address: _____

 City State Zip County
4. Current Employer: _____ Position/Title: _____
5. Telephone Number(s): Primary (____) _____ Business (____) _____
6. Date of Birth: ____/____/____ 7. Social Security Number: _____-_____-_____

II. Background Information

1. Have you ever had a suit filed against you, or have you entered a malpractice settlement related to the practice of a profession? Yes No
2. Have you had a license to practice a profession revoked, suspended or otherwise sanctioned in Mississippi or any other jurisdiction? Yes No
3. Have you had any public or private disciplinary action taken against you by any authority issuing a professional license? Yes No
4. Have you been refused issuance of a license, or denied permission to take an examination for license, or pursuant to disciplinary action, denied renewal of a license by any board or agency in Mississippi or any other jurisdiction? Yes No

5. Have you knowingly failed to renew a license during an investigation or disciplinary action? Yes No
6. Have you been subject to disciplinary actions or had your membership revoked by a professional organization? Yes No
7. To the best of your knowledge, is there any disciplinary action pending against you by an agency, licensing board and/or professional organization? Yes No
8. Have you ever been arrested, charged, sentenced, or received a deferred judgment for the commission of a felony, or any crime involving moral turpitude in the United States of a foreign country? Yes No
9. Are you now, or have you been at any time during the past five (5) years, unable to practice a profession with reasonable skill and safety to the residents of the state of Mississippi due to any illness, mental or physical condition, or the use of alcohol, drugs, narcotics, chemicals, or any other material? Yes No
10. Have you ever voluntarily surrendered a professional licensure in any jurisdiction or state? Yes No
11. Have you ever had your hospital staff privileges revoked or restricted, or have you resigned from a staff position instead of facing a disciplinary action? Yes No

If you answered "yes" to any of the preceding questions in Section II, 1-11, attach a full explanation, relevant documents and a description of your status.

III. Examination Information

I have successfully passed the AMFTRB Examination in Marriage and Family Therapy. I understand that evidence of a passing score will be sent directly to the Board from the Professional Examination Service (PES). Yes No

IV. Educational Information

Qualifying degrees must be granted from a COAMFTE (Commission on Accreditation for Marriage and Family Therapy Education) accredited program. List your master's or doctoral degree in marriage and family therapy. An official transcript of degree must be sent directly to the Board by the institution.

Name of Institution	Location City, State	Degree Obtained	Month, Yr. Degree granted
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V. Clinical Practicum Experience

Completion of clinical practicum must be verified by signature of the program supervisor.

1. I have completed a clinical practicum of no less than 12 consecutive months that provided a minimum of 500 face to face clinical client contact hours of which no less than 200 were relational contact hours with couples and/or families. Yes No
2. During the period of clinical practicum, I received supervision with a ratio of no less than one (1) hour of supervision for each six (6) hours of clinical client contact with an AAMFT Approved Supervisor or Supervisor Candidate under supervision-of-supervision by an AAMFT Approved Supervisor. Yes No

To be completed by program supervisor:

I hereby affirm that the information provided in section V, numbers 1-2, is true and correct to the best of my knowledge and belief.

Program Supervisor Signature

Date

License Number

Printed Name

VI. Supporting Documents

1. I have requested that official transcripts be sent from applicable institutions to the Board. Yes No
2. I have submitted the required supervision plan. Yes No
3. Three (3) professional letters of reference have been submitted directly from licensed mental health professionals who have known the applicant for at least one year (confidential reference form available on Board website). Yes No
4. I have attached a recent passport-like photo to this application. Yes No
5. I acknowledge that I must submit an acceptable criminal history records check, finger print and an acceptable sex offender check, by appropriate governmental authorities within ninety (90) days of the completed application. This criminal history record information check must be received by the Board directly from the appropriate governmental authority or authorities. Yes No
6. I have submitted an **application fee of \$25.00** in the form of money order or cashier's check made payable to MSBOESWMFT. The board does not accept personal checks. Yes No

