

Mississippi

State Board of Examiners for Social Workers and Marriage & Family Therapists P. O. Box 4508

Jackson, MS 39296 (601) 987-6806 / (601) 987-6808 fax www.swmft.ms.gov

REINSTATEMENT CHECKLIST

Licensees who have had licenses placed in lapse or inactive status, may apply for reinstatement within two (2) years for lapsed license or within four (4) years for inactive status by completing the following steps on checklist below. All forms and licensure information may be found on our website at www.swmft.ms.gov.

	Reinstatement Application (plus reinstatement fee: LSW \$113 and LMSW / LCSW \$148)
	Continuing Education Report
	Request for Fingerprint Card Form (\$50.00, money order or cashier's check only).
	LCSWs: Must submit three (3) professional references – see Forms→ Social Work → Professional Reference Form
)TE	: Instructions are found on each form. You may combine all fees and submit one payment.

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

Reinstatement Application (Please type or print in ink)

Name:
Mailing Address:
Email Address (Optional): Social Security Number: Date of Birth
Email Address (Optional): Social Security Number: Date of Birth
Social Security Number:
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)
Place of Employment:
Public Agency Private Agency Citle of Position: Business Address: (Street/PO Box) (City) (State) (Zip Code) (County) Give previous license number: 1. Reinstating as: (check one) See regulation for qualifications at each level. Social Worker (LSW) Master Social Worker (LMSW) Certified Social Worker (LCSW) 2. Do you have a baccalaureate degree in social work from a Council on Social Work Education (CSWE) No Yes College and Schools?
Business Address: (Street/PO Box) (City) (State) (Zip Code) (County) Give previous license number: 1. Reinstating as: (check one) See regulation for qualifications at each level. Master Social Worker (LSW) Certified Social Worker (LCSW) 2. Do you have a baccalaureate degree in social work from a Council on Social Work Education (CSWE) accredited school. 3. Do you have a baccalaureate degree in social work from a school accredited by the Southern Association of College and Schools? Yes
(Street/PO Box) (City) (State) (Zip Code) (County) Give previous license number: 1. Reinstating as: (check one) See regulation for qualifications at each level. Social Worker (LSW) Master Social Worker (LMSW) Certified Social Worker (LCSW) 2. Do you have a baccalaureate degree in social work from a Council on Social Work Education (CSWE) accredited school. 3. Do you have a baccalaureate degree in social work from a school accredited by the Southern Association of College and Schools?
1. Reinstating as: (check one) See regulation for qualifications at each level. Social Worker (LSW) Master Social Worker (LMSW) Certified Social Worker (LCSW) 2. Do you have a baccalaureate degree in social work from a Council on Social Work Education (CSWE) accredited school. Yes To you have a baccalaureate degree in social work from a school accredited by the Southern Association of College and Schools?
Master Social Worker (LMSW) Certified Social Worker (LMSW) 2. Do you have a baccalaureate degree in social work from a Council on Social Work Education (CSWE) accredited school. 3. Do you have a baccalaureate degree in social work from a school accredited by the Southern Association of College and Schools? Yes
accredited school. No Yes 3. Do you have a baccalaureate degree in social work from a school accredited by the Southern Association of College and Schools? Yes Yes
of College and Schools?
A Do you have a masters degree in social work from a school accredited by Council on Social Work
4. Do you have a masters degree in social work from a school accredited by Council on Social Work Education (CSWE).
5. Do you have a DSW or Ph D. (with a social work major) from a CSWE accredited school? No Yes
Reinstatement Fees:
LSW: 113.00
For Office Use Only: Check or Money Order #; Amount: \$ Date:
Name on check , if different from licensee:

(Continue on Back of This Form)

Have you ever been licensed or registere	d as a social worker in anoth	ner state?	No	Yes
		ending	No	Yes
			No	Yes
			No	Yes
Has any court ever declared you mentall If yes, attach a full explanation.	y incompetent?		No	Yes
Offense. Received deferred judgement f	for the commission of a felor	ny, or any crime invo	lving	Yes
Have you knowingly failed to renew a li-	cense during investigation of	r disciplinary action?	No 🔲	Yes
completed and submitted to the Board for	or review: Form 270 – reinsta	atement application,	No 🔲	Yes
Have you ever had a record expunged from	om a felony or any criminal	conviction?	No	Yes
, 20 mmission expires on Notary Public	_ day of (Notary Seal)	affirm that I a statements con application are and belief. The as authorization applicable infector to the Board. Standards of c	m the above antained thereing true to the bis application on of entities permation to real also agree to conduct set fo	applicant, and that the in or accompanying this pest of my knowledge and signature shall act in possession of release such information to uphold the laws and orth in the laws of the
		Applicant's	Signature	Date
Current assport-Like Photo of You Facing Forward ation cannot be processed without photo. upies will not be accepted. The photo an original of you facing forward.)		MSBOI MS Boa Post Of	E SW/MFT a ard of Exami fice Box 450	iners for SW/MFT 8
	Have you ever had a suspended, revoked against your social work license? If yes, Have you ever been arrested or convicter Traffic violations) in this state or any oth Have you ever had a professional license in any way? If yes, has the decree chang Has any court ever declared you mentall If yes, attach a full explanation. Have you ever been arrested, or charged Offense. Received deferred judgement from moral turpitude in the United States or for Have you knowingly failed to renew a lit. I understand that reinstatement of licenses completed and submitted to the Board for continuing education report, and success. Have you ever had a record expunged from the interest of the process of the	Have you ever had a suspended, revoked, or a disciplinary action per against your social work license? If yes, attach a full explanation. Have you ever been arrested or convicted of any crime or violation of Traffic violations) in this state or any other state? If yes, attach a full Have you ever had a professional license revoked, suspended, or end in any way? If yes, has the decree changed? Attach a full explanation. Have you ever been arrested, or charged, or sentenced for any misde Offense. Received deferred judgement for the commission of a felon moral turpitude in the United States or foreign country? If yes, attach Have you knowingly failed to renew a license during investigation of I understand that reinstatement of licensure requires the following in completed and submitted to the Board for review: Form 270 – reinstacontinuing education report, and successful FBI background results. Have you ever had a record expunged from a felony or any criminal libed and sworn to before me this day of Notary Public	Have you ever been arrested or convicted of any crime or violation of law (except minor Traffic violations) in this state or any other state? If yes, attach a full explanation. Have you ever had a professional license revoked, suspended, or encumbered in any way? If yes, has the decree changed? Attach a full explanation. Has any court ever declared you mentally incompetent? If yes, attach a full explanation. 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 invomoral turpitude in the United States or foreign country? If yes, attached a full explanation? I understand that reinstatement of licensure requires the following information to be completed and submitted to the Board for review: Form 270 – reinstatement application, continuing education report, and successful FBI background results. Have you ever had a record expunged from a felony or any criminal conviction? I, the undersign affirm that I a statements or and belief. The sa authorization are and belief. The sa authorization are and belief. The sandards of State of Missing Social Work Notary Public Current Sport-Like Photo of You Facing Forward Applicant's Completed MSBOI MS Boar Post Office will not be accepted. The photo	Have you ever had a suspended, revoked, or a disciplinary action pending against your social work license? If yes, attach a full explanation. Have you ever been arrested or convicted of any crime or violation of law (except minor No Traffic violations) in this state or any other state? If yes, attach a full explanation. Have you ever had a professional license revoked, suspended, or encumbered in any way? If yes, has the decree changed? Attach a full explanation. Has any court ever declared you mentally incompetent? If yes, attach a full explanation. Have you ever been arrested, or charged, or sentenced for any misdemeanor or criminal No 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. Have you knowingly failed to renew a license during investigation or disciplinary action? No Landerstand that reinstatement of licensure requires the following information to be completed and submitted to the Board for review: Form 270 – reinstatement application, continuing education report, and successful FBI background results. Have you ever had a record expunged from a felony or any criminal conviction? No Landerstand that reinstatement of licensure requires the following information to be completed and sworn to before me this day of The undersigned, do here affirm that I am the above statements contained there application are true to the land belief. This application as authorization of entities application are true to the land belief. This application are true to the land belief. This application of the contained there application are true to the land belief. This application of the land belief. This applica

MSBOESWMFT- FORM 270 REVISED 3/23/2021

MS State Board of Examiners for Social Workers and Marriage & Family Therapists P.O. Box 4508

Jackson, MS 39296-4508 601-987-6806/Fax: 601-987-6808

CONTINUING EDUCATION REPORT FOR SOCIAL WORKERS

Na	ıme:						License No	
NA div rev	ASW, or an ersity, and view Renev	y organization ap one (1) hour of m val and CE Requ	oproved by ASWB nandated reporting a cirements of the Ru	to meet the renewal re- are required. LCSW Sup	quirements. pervisors sho Part 1902, C	Four (4) eth ould include hapter 4, p	MBOE SW CE Committee, ics hours, two (2) hours of two (2) hours of supervision ages 58-69. Do not attach be to be audited.	f cultura n. Pleas
1.	Event: _				Online?	Date(s) of	Attendance:	
	Sponsori	ng Organization	:			Sponsor of	r Approval #	
		General	Ethics	Cultural Diversity	Mandated	l Reporting	Supervision	
2.	Event: _				Online?	Date(s) of	Attendance:	
	Sponsori	ng Organization	:			Sponsor or	r Approval #	
		General	Ethics	Cultural Diversity	Mandated	l Reporting	Supervision	
3.	Event: _				Online?	Date(s) of	Attendance:	
	Sponsori	ng Organization	:			Sponsor of	r Approval #	
		General	Ethics	Cultural Diversity	Mandated	l Reporting	Supervision	
4.	Event: _				Online?	Date(s) of	Attendance:	
	Sponsori	ng Organization	:			Sponsor or	r Approval #	
		General	Ethics	Cultural Diversity	Mandated	l Reporting	Supervision	
5.	Event: _			1	Online?	Date(s) of	Attendance:	
	Sponsori	ng Organization	:			Sponsor or	r Approval #	
		General	Ethics	Cultural Diversity	Mandated	l Reporting	Supervision	

6.	Event: _				Online?	Date(s) of	Attenda	nce:	
	Sponsorii	ng Organiza	tion:			Sponsor or	Appro	val #	
		General	Ethics	Cultural Diversity	Mandated	l Reporting	Suj	pervision	
7.	Event: _				Online?	Date(s) of A	Attenda	nce:	
	Sponsorii	ng Organiza	tion:			Sponsor or	Appro	val #	
		General	Ethics	Cultural Diversity	Mandated	l Reporting	Suj	pervision	
8.	Event: _				Online?	Date(s) of A	Attenda	nce:	
	Sponsorii	ng Organiza	tion:			Sponsor or	Appro	val #	
		General	Ethics	Cultural Diversity	Mandated	l Reporting	Suj	pervision	
9.	Event: _				Online?	Date(s) of A	Attenda	nce:	
Sponsoring Organization: Sponsor or Approval #									
		General	Ethics	Cultural Diversity		l Reporting	Suj	pervision	
10.	Event: _					Date(s) of A	Attenda	nce:	
Sponsoring Organization: Sponsor or Approval #									
		General	Ethics	Cultural Diversity	Mandated	l Reporting	Suj	pervision	
	certify that nosen for au		on submitted is true and	correct, and that the or	iginal docur	ments are ava	ailable fo	or inspection	if I am
		_	Signature		Date	2)			
				AL Continuing Educ					
L	Gene	ral	Ethics	Cultural Diversit	y Ma	ndated Repo	rting	Super	vision



Mississippi

State 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

REQUEST FOR FINGERPRINT CARD

INSTRUCTIONS: Complete this form and return to our office. Once this form is received with payment, we will mail you a fingerprint card. After getting your fingerprints added onto the card, be sure to fill out the descriptive information including signing the card, printing your name, your date of birth and social security number (as these spots are often overlooked). The fully completed card should be mailed to: Mississippi Board of Examiners for SW/MFT, P.O. Box 4508, Jackson, MS 39296-4508. Please do not allow the fingerprints to smudge.

I,, r	quest that a fingerprint card be sent to me at the address listed
below. I have enclosed the required \$50.00	processing fee, payable by money order or cashier's check to
MBOE. I understand that the information r	ceived from both the Mississippi Criminal Information Center and
the Federal Bureau of Investigations conce	ning my criminal history records check via fingerprint records will
be reviewed and may affect the approval of	my application for licensure, reinstatement or the status of the
renewal of my license.	
Mailing Address:	
Phone:	
understand that there may be delays in the	my fingerprints to be processed by the MS Dept. of Public Safety. I rocessing of my fingerprint card if my fingerprints are unreadable ckground and sex registry check beyond 4-6 weeks.
Signature	Date
For Office Use Only: CC, MO, TC, OC #: Name on payment, if different from licensee:	Amount: \$ Date: