BOARD OF EXAMINERS
P.O. BOX 4508
Jackson, MS 39296-4508
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Application to Take AMFTRB Examination in Marital and Family Therapy

Please type or print in black ink. Submit completed application to the Mississippi Board of Examiners for Social Workers & Marriage and Family Therapists. A transcript of your degree/degree progress must be sent directly to, and received by, the Board by the educational institution before this application will be considered. A $25.00 processing fee is required.

Personal Information

1. Name_____
Last First Middle Maiden

2. Mailing Address _____

_____
City State Zip County

3. Telephone Number: (____) _____ 4. Email Address (required)_____

5. Date of Birth ____/____/_____ 6. Social Security Number _____/____/_____

Education Information: Applicants for taking the test must have completed or be very near completion of their course work in a **COAMFTE (Commission on Accreditation for Marriage and Family Therapy Education) accredited marriage and family therapy program**. **A transcript of your course work must be sent directly to the Board by the institution and received by the Board before approval to take the AMFTRB Examination will be granted.**

1. Institution Granting Degree_____

2. Degree Earned/Near Completion_____

3. Is this degree from a COAMFTE accredited program? ☐ Yes ☐ No

4. Date Degree earned/anticipated (month/year)_____

Acceptance of Responsibility for Accuracy of Information
Do you fully understand that any inaccurate information or misrepresentation of facts on this application, or any form submitted to the Board, may result in a denial of this application, denial of licensure, or revocation of the license later? ☐ Yes ☐ No

Oath and Consent for Investigation of Qualification for Licensure
I, the undersigned, do hereby affirm under the penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. Further, I consent to a thorough investigation by the Board and its representatives of my education and any other information that may be necessary to verify my qualifications to take this examination.

_____
Signature of Applicant Printed Name Date

Fees are payable to MSBOESWMFT by money order or cashier's check .