



**Mississippi State Board of Examiners For
Social Workers and Marriage & Family Therapists
P.O. Box 4508, Jackson, MS 39296-4508
www.swmft.ms.gov**

Dear Licensee

The processing fee for licensure verification is **\$25.00 per verification.**

Acceptable forms of payment are money order, cashier check, or business check. Please check one;

money order cashier check business check

Payable to: Mississippi Board of Examiners for SW/MFT

Name as it appears on your license: _____

License # _____ Expiration Date: _____

Last four (4) of your SSN: XXX-XX- _____ Telephone #: _____

Your mailing address:

Email: _____

Some states have their own form they would like us to complete to verify your license. Please attached the individual state verification form to this form. If they require additional copies of information from you file that will be an additional copy fee of \$12.95 plus a 1.00 per page copying fee. The Board will email you that cost.

Is there a state verification form attached circle one: yes no

Do you want the Board to develop a verification letter to be sent? yes no

State in which you want the verification sent to: _____

State Agency Name: _____

Mailing Address:

Fax #: _____

Email: _____

Verification to be sent via: U.S. Mail Fax Email

Licensee's Signature: _____ Date: _____