



BOARD OF EXAMINERS
P.O. BOX 4508
Jackson, MS 39296-4508
Phone (601)987-6806/Fax (601)987-6808
www.swmft.ms.gov
info@swmft.ms.gov

**Application to Enter into
Contract for Supervision
Toward Licensure as a
LMFT or LMFTA**

Please type or print in black ink

I. Personal Information

Name _____
Last First Middle Maiden/Alias
Mailing Address _____
City State Zip County
Date of Birth ____/____/____ SS # or Alien Registration # ____/____/____
Telephone Number: (____) _____ Alternate Phone: (____) _____
Email Address (optional) _____

II. Background Information

1. Have you ever been licensed as a Marriage and Family Therapist in another jurisdiction?
 Yes No If "Yes" please list each jurisdiction: _____
2. Are you licensed as a mental health professional by any other board (e.g., LPC, LMSW, etc)?
 Yes No If "Yes" please list each license/ jurisdiction: _____
3. Have you ever had any application for any professional license refused or denied by any licensing authority? 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 any jurisdiction?
 YES NO
5. Have you knowingly failed to renew any professional license during an investigation or disciplinary action? YES NO
6. Have you ever been dropped, suspended, placed on probation, expelled, fined or requested to resign from any post-secondary educational program in which you were enrolled? YES NO
7. Have you ever been placed on probation, restrictions, suspension, revocation, modification, allowed to resign, requested to leave temporarily or permanently, or otherwise acted against by any professional training program prior to completing the training? YES NO
8. Have you ever voluntarily surrendered any professional license? YES NO
9. Have you ever allowed any professional license to lapse, or had a limited license issued by any professional licensing authority? YES NO
10. Have you ever had a professional license revoked? YES NO

11. Have you ever been the subject of disciplinary action with regard to a professional license, been sanctioned by any professional licensing authority, professional association, licensed facility, or any staff of such facility? YES NO
12. Have your professional privileges ever been restricted or terminated by any licensing authority, association, licensed facility, or staff of such facility; or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures? YES NO
13. To your knowledge have any unresolved or pending complaints ever been filed against you with any professional licensing agency, association, licensed hospital/clinic, or staff of such hospital or clinic? YES NO
14. Have you ever had a registration issued by a controlled substance authority revoked, suspended, limited, or restricted? YES NO
15. Have you ever voluntarily surrendered a registration issued by a controlled substance authority? YES NO
16. Is there any disciplinary action pending against you by the USDA, Drug Enforcement Agency, or any state drug enforcement authority? YES NO
17. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a felony (or criminal offense) in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? YES NO

If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense date of discharge, if applicable, as well as a statement from the probation or parole officer.

18. Have you ever been pardoned from a felony (or criminal) conviction? YES NO
19. Have you ever had a record expunged from a felony (or criminal) conviction? YES NO
20. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended? YES NO
21. Are you now or have you in the last 5 years been addicted to any chemical substance including alcohol (excluding tobacco and caffeine)? YES NO
22. Are you now being treated or have you in the last 5 years been treated for a drug or alcohol addiction or participated in a rehabilitation program? YES NO
23. Do you currently, or have you in the last 5 years had any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e. (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in practice as a Marriage and Family Therapist? YES NO

24. 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

25. Have you ever been court marshaled or discharged other than honorably from the armed service?
 YES NO

If you answered "Yes" to any of the preceding questions 1 through 25, attach a full explanation, relevant documents and a description of your status.

III. Education Information

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

1. Institution Granting Degree _____
2. Degree Earned _____
3. Is this degree earned in a COAMFTE accredited program? Yes No
4. Date Degree earned (month/year) _____

IV. Employment information

1. Current Employer's Business Contact Information
Employer Name _____

City State Zip County
2. Telephone Number: (____) _____ Ext _____
3. Position/Title _____

V. Supervision Agreement

Please list below information about the approved supervisor you will be working with as a supervisee:

1. Name _____
Last First Middle Maiden/Alias
2. Mailing Address _____

City State Zip County
3. MFT License #, Date of Issue, State of Issue: _____
4. Telephone Number: (____) _____
5. Email Address (not required) _____

VI. 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

VII. 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, employment, and clinical records, and any other information that may be necessary to verify my qualifications for this approval. I have read and understand the current edition of the Mississippi Board of Examiners for Social Workers and Marriage and Family Therapists Rules and Regulations for Licensed Marriage and Family Therapists within the preceding 90 days. Furthermore, I agree to comply with the requirements stated therein.

Signature of Applicant Printed Name Date

Subscribed and sworn to before me this _____ day of _____, 20____

County: _____ State: _____

Notary Signature

My Commission expires: _____

Applicant – include with this form and send to the Board:

- Cashier’s check or money order for \$100.00 processing fee.
- Passport-like photo.
- Plan of Supervision. (see Guide to Supervision provided by Board)

Applicant – to be sent directly from the educational institution (if not already sent):

- Official transcript.

Proposed supervisor to submit directly to the Board:

- Supervisor’s statement.

(No exceptions, fee is non-refundable.)