Mississippi Board of Examiners for Social Workers and Marriage & Family Therapists
Board Notification of Change of Employment

Licensees are required to notify the board of changes in place of employment within 10 days for employment (part-time, full-time, contractual, or consultative) for which a license is required.

☐ MFTDSC ☐ SWDSC

Name of Licensee:_____ License No.:_____

Place of Employment:_____

Address:_____

City:_____ State:_____ Zip:_____ Started:_____

Email(s):_____

HR Director:_____ Phone:_____

Place of Employment:_____

Address:_____

City:_____ State:_____ Zip:_____ Started:_____

HR Director:_____ Phone:_____

Place of Employment:_____

Address:_____

City:_____ State:_____ Zip:_____ Started:_____

HR Director:_____ Phone:_____

Previous Place of Employment:

Place of Employment:_____

Address:_____

City:_____ State:_____ Zip:_____ Ended:_____

HR Director:_____ Phone:_____

Signature_____ Date_____

This signature serves as an affidavit that the above statements are accurate and true to the best of my knowledge.