



STATE OF MISSISSIPPI
PHIL BRYANT, Governor
TATE REEVES, Lt. Governor

MISSISSIPPI
STATE BOARD OF EXAMINERS
FOR SOCIAL WORKERS AND MARRIAGE & FAMILY THERAPISTS

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:

- Request for Fingerprint Card Form - The Request must be submitted along with your initial application form. By state law, the Board cannot accept FBI background check results processed by employers or other agencies. Applicants should have their fingerprints placed on the fingerprint card **electronically (live scan)** by a local Law Enforcement Agency, such as a highway patrol office, local police department or sheriff's department. Fingerprints can be **rolled** on to the card, but they tend to be rejected by the FBI due to poor quality. Results are valid for 180 days from the date stamped received by the Board office.
- Reinstatement Application (include applicable renewal fee plus \$35 reinstatement fee:
Example - LSW \$70 + \$35 = \$105, LMSW & LCSW \$100 + \$35 = \$135)
- Continuing Education Report – Satisfactory documentation of completion of all continuing education requirements specified by Board Rules and Regulations that would have been required to maintain a current license for the entire period the license has been lapsed or inactive.
- LCSWs: Must submit three professional references

Reinstatement Application

(Please type or print in ink)

Date: _____

Name: _____
(Last) (First) (Middle/Maiden)

Mailing Address: _____ Telephone Number (____) _____

(City) (State) (Zip Code) (County)

Social Security Number: [][][] - [][] - [][][][]

Date of Birth [][] - [][] - [][]

Sex: Male Female

Place of Employment: _____

Public Agency Private Agency Title of Position: _____

Business Address: _____ Telephone No. (____) _____

(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. No Yes

3. Do you have a baccalaureate degree in social work from a school accredited by the Southern Association of College and Schools? No Yes

4. Do you have a masters degree in social work from a school accredited by Council on Social Work Education (CSWE). No Yes

5. Do you have a DSW or Ph D. (with a social work major) from a CSWE accredited school? No Yes

Reinstatement Fees: (licensee fee plus 35.00 processing fee)

LSW: 105.00 MSW: 135.00 LCSW: 135.00

For Office Use Only:
Cashier's Check or Money Order #: _____ Amount: \$ _____ Date: _____
Name on check, if different from licensee: _____

6. Have you ever been licensed as a social worker in this state?
If yes, what was your license number: _____ No Yes
7. Have you ever been licensed or registered as a social worker in another state? No Yes
8. Have you ever had a suspended, revoked, or a disciplinary action pending against your social work license in the past 10 years? If yes, Attach a full explanation. No Yes
9. Have you ever been 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 No Yes

I, the undersigned, do hereby solemnly swear or affirm that I am the above applicant. I have read the statements contained therein or accompanying this application are true to the best of my knowledge and belief.

(Notary Seal)

Applicant's Signature

Date

Subscribed and sworn to before me this _____ day of

_____, 20____

My commission expires on _____.

Notary Public

**Current
Passport-Like Photo**

(Application cannot be processed without photo. Photocopies will not be accepted. The photo must be an original of you facing forward.)

Complete form, enclose fee, and mail to:

**MS Board of Examiners for SW/MFT
Post Office Box 4508
Jackson, MS 39296-4508**