

**Mississippi Board of Examiners for  
Social Workers/Marriage & Family Therapists  
P.O. Box 4508  
Jackson, MS 39296-4508  
(601) 987-6806/Fax (601) 987-6808  
www.swmft.ms.gov**

---

**CONTINUING EDUCATION SPONSOR APPLICATION FOR  
APPROVAL/RENEWAL**

|   |         |
|---|---------|
| Provider Name                               |         |
| Business Address: Street, City, State, Zip  |         |
| Phone Number:                               | Email : |
| Name of individual responsible for program: |         |

**Please check the appropriate box below.**

\_\_\_\_\_ New Application

\_\_\_\_\_ Reapplication: current CE Provider Approval #: \_\_\_\_\_ (View the current roster of approved MFT CE providers and their approval #'s at: <http://www.swmft.ms.gov>).

Enclosed is the \$125 (cashiers check or money order made out to MBOE) application and/or annual renewal fee (*Subject to yearly review and renewal*).

Mail this form and appropriate fee to:

**Mississippi Board of Examiners for Social Workers & Marriage and Family Therapists, P.O. Box 4508, Jackson, MS 39296-4508.**

*All questions about CE Provider Approval should be directed to the Board at (601) 987-6806.*

**I hereby certify that any continuing education offerings for Mississippi LMFTs will be first approved by the MFT Continuing Education Committee. In addition, I will submit to the Board on or around December 31st of each year a list of seminars, workshops, and courses offered during the last twelve months for Mississippi LMFTs continuing education credit with the names of participants, along with documentation of the number of continuing education hours earned by each Mississippi LMFT participant.**

---

**Signature**

---

**Date**