

Social Work License Renewal Application

(Please type or print in black ink)

Date _____ LICENSE NO. _____

Current licensure status: Active On probation Inactive

NAME _____ SS NO. _____ DOB _____
(First) (Last)

Any other name, which MIGHT have appeared on your license: maiden name, nickname, etc.

Mailing Address _____ Tel. No. _____

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

Email Address: _____ (not required)

Current Employment _____ Title of Position _____

Business Address _____ Tel. No. _____

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

Since your last renewal have you been convicted of any violation of law (except minor traffic violations)

Yes No If yes, attach full explanation.

Do you state by means of this application that you are in full compliance with the **STANDARDS OF CONDUCT** set forth in the Rules and Regulations Manual (pages 17-21) Yes No If no, attach full explanation

I hereby swear and affirm under penalties of perjury that the foregoing information is true. _____

Signature Date

RENEWAL FEES	LSW - \$70	LMSW - \$100	LCSW - \$100
	September 30	April 30	April 30

All fees are nonrefundable

Make cashier's check or money order payable to **MBOE SW/MFT**

(Notary Seal)

I, the undersigned, do solemnly swear or affirm that I am the above applicant. I have read the above application, and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I also agree to uphold the laws and standards of conduct set forth in the laws of the State of Mississippi as pertain to the practice of Social Work.

Subscribed and sworn to before me this

_____ day of _____, 20__.

_____ Date _____

(Licensee's signature)

My commission expires on _____.

Mail to: **MBOE**
PO Box 4508
Jackson, MS 39296-4508

Notary Public

FOR OFFICE USE ONLY:

Date

Cashier's Check or M.O. #: _____ Amount: _____ on ck/mo: _____

Name on check if different from licensee: _____ revised 7/12