

Initial License Application

(Use for Social Work Licensure/ Student Approval to Take ASWB Examination)

(Please type or print in ink)

Date: _____ (Please use legal name that is identified on your driver license or social security card)

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

Mailing Address: _____ Telephone No.(____)_____-_____

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

Social Security Number: [][][] - [][] - [][][][] Date of Birth [][] - [][] - [][]

Race: _____ Sex: Male Female U.S. Citizen: No Yes Legal Alien: No Yes

Place of Employment: _____

Public Agency Private Agency Title of Position: _____

Business Address: _____ Telephone No. (____)_____-_____

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

If upgrading, give license number: [][] - [][][][]

1. License applying for (check one) See regulation for qualifications at each level. Social Worker (LSW)
Master Social Worker (LMSW)
Certified Social Worker (LCSW)

2. Are you a student within fifteen (15) hours of graduation from a college or university accredited by the Council on Social Work Education (CSWE) or Southern Association of College and Schools (SACS)? If you are not a student, skip to question #4. No Yes

3. Please have the Dean or Chair of your Social Work Department sign below to verify that you are within 15 hours of graduation:

Dean or Social Work Chair Date

Name of College or University: _____

4. Which social work degree do you possess : _____BSW _____MSW _____DSW/Ph.D. _____ N/A (Student)

5. Is your school accredited by _____ CSWE _____ SACS _____ BOTH _____ OTHER

Initial License Application Processing Fee: \$25.00 (Cashier's Check or Money Order, payable to MSBOESWMFT)

(NON-REFUNDABLE)

For Office Use Only:

Cashier's Check or Money Order #: _____ Amount: \$ _____ Date: _____

Name on check , if different from licensee: _____

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

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? If yes, complete the Reciprocity/Information Verification Form and send it to the state(s) of previous licensure. No Yes
8. Have you ever had a license or permit encumbered in any way? If yes, has the decree changed? Attach a full explanation. No Yes
9. Has any court ever declared you mentally incompetent? If yes, attach a full explanation. No Yes
10. Have you ever been convicted of any crime or violation of law (*except minor traffic violations*)? If yes, attached a full explanation. No Yes
11. I have enclosed my initial license application processing fee (non-refundable) and current passport-like photo. No Yes
12. I understand that licensure as a social worker requires the following information to be completed and submitted to the Board for review it regularly scheduled board meeting for approval: Form 266, Form 267- verification of education , criminal history information check and passing score on the applicable ASWB examination. No Yes
13. **I understand that my application for licensure as a LSW or a LMSW shall be considered abandoned if the ASWB exam has not been attempted within six (6) months from the date on which the application was filed.** An application for LCSW shall be considered abandoned if the ASWB exam has not been attempted within six months from the date on which the Board approved the termination of supervision. Any subsequent application shall be treated as a new application. No Yes

(Notary Seal)

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

My commission expires on _____.

Notary Public

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

Applicant's Signature

Date

**Current
Passport-Like Photo of
You Facing Forward**

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

Complete form, make cashier's check or money order payable to **MSBOESWMFT** and mail to:

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