

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

SOCIAL WORK REINSTATEMENT INSTRUCTIONS AND CHECKLIST

Licensees who have had licenses placed in lapse or inactive status, may apply for reinstatement within two (2) years for lapsed license by completing the following steps on the checklist below. All documents can now be submitted via email to info@swmft.ms.gov .

SPECIAL PORTAL INSTUCTIONS: Once you submit the application, the portal will take you to the payment screen to submit the reinstatement fee. You will not be able to pay for your background check fee until Board staff posts the fee to your profile. You must email us the form first. **All fees should be paid through the applicant portal online.**

Please be sure to read RECENT NEWS and/or Twitter for updates, as well as the Rules and Regulations under RESOURCES.

- Reinstatement Application
- Passport-type photo
- Reinstatement fee: LSW \$113 and LMSW / LCSW \$148 (payable online)
- Continuing Education Report
- Request for Fingerprint Card Form (\$50.00, payable online once request is received).
- LCSWs: Must submit three (3) professional references – see Social Work → Forms → Professional Reference Form

Reinstatement Application *(Please type or print in ink)*

Date: _____

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

Mailing Address: _____ Contact No. (____) - _____
(City) (State) (Zip Code) (County)

Email Address: _____

Last 4 of SSN:

Date of Birth - -

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

Place of Employment: _____ Telephone No. (____) - _____

Public Agency Private Agency Title of Position: _____

Business Address: _____
(Street/PO Box) (City) (State) (Zip Code) (County)

Give 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:

LSW: 113.00

MSW: 148.00

LCSW: 148.00

For Office Use Only:

Check or Money Order #: _____ Amount: \$ _____ Date: _____

Name on check, if different from licensee: _____

6. Have you ever been licensed or registered as a social worker in another state? No Yes
7. Have you **ever** been found in violation of laws or rules pertaining to professional practice or settled such charges prior to a formal finding in an administrative proceeding? No Yes
8. Have you ever had a record expunged from a felony or any criminal conviction? No Yes
9. Have you ever had a professional license revoked, suspended, or encumbered in any way? If yes, has the decree changed? Attach a full explanation. No Yes
10. Has any court ever declared you mentally incompetent? If yes, attach a full explanation. No Yes
11. Have you ever been arrested, or charged, or sentenced for any misdemeanor or criminal Offense? Received deferred judgement for the commission of a felony, or any crime involving moral turpitude in the United States or foreign country? If yes, attached a full explanation. No Yes
12. Have you knowingly failed to renew a license during investigation or disciplinary action? No Yes
13. Are there any pending charges against you? No Yes
14. I understand that reinstatement of licensure requires the following information to be completed and submitted to the Board for review: Form 270 – reinstatement application, continuing education report, and successful FBI background results. No Yes

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

My commission expires on _____.

Notary Public

(Notary Seal)

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. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the Board. 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

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 payment payable to **MSBOE SW/MFT** and mail to:

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

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CONTINUING EDUCATION REPORT FOR SOCIAL WORKERS

Name: _____ License No. _____

You are required to list a total of forty (40) continuing education (CE) hours that were approved by MBOE SW CE Committee, National NASW, or any organization approved by ASWB to meet the renewal requirements. Four (4) ethics hours, two (2) hours of cultural diversity, and one (1) hour of mandated reporting are required. LCSW Supervisors should include two (2) hours of supervision. **Please review Renewal and CE Requirements of the Rules and Regulations, Part 1902, Chapter 4, pages 58-69.** Do not attach brochures, certificates, copies, or any additional materials unless you have been notified that your records are to be audited.

1. **Event:** _____ Online? **Date(s) of Attendance:** _____

Sponsoring Organization: _____ **Sponsor or Approval #** _____

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

2. **Event:** _____ Online? **Date(s) of Attendance:** _____

Sponsoring Organization: _____ **Sponsor or Approval #** _____

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

3. **Event:** _____ Online? **Date(s) of Attendance:** _____

Sponsoring Organization: _____ **Sponsor or Approval #** _____

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

4. **Event:** _____ Online? **Date(s) of Attendance:** _____

Sponsoring Organization: _____ **Sponsor or Approval #** _____

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

5. **Event:** _____ Online? **Date(s) of Attendance:** _____

Sponsoring Organization: _____ **Sponsor or Approval #** _____

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

6. **Event:** _____ Online? **Date(s) of Attendance:** _____

Sponsoring Organization: _____ **Sponsor or Approval #** _____

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

7. **Event:** _____ Online? **Date(s) of Attendance:** _____

Sponsoring Organization: _____ **Sponsor or Approval #** _____

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

8. **Event:** _____ Online? **Date(s) of Attendance:** _____

Sponsoring Organization: _____ **Sponsor or Approval #** _____

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

9. **Event:** _____ Online? **Date(s) of Attendance:** _____

Sponsoring Organization: _____ **Sponsor or Approval #** _____

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

10. **Event:** _____ Online? **Date(s) of Attendance:** _____

Sponsoring Organization: _____ **Sponsor or Approval #** _____

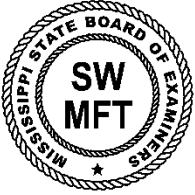
General	Ethics	Cultural Diversity	Mandated Reporting	Supervision

I certify that the information submitted is true and correct, and that the original documents are available for inspection if I am chosen for audit.

_____ Signature _____ Date

TOTAL Continuing Education Hours

General	Ethics	Cultural Diversity	Mandated Reporting	Supervision



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REQUEST FOR FINGERPRINT CARD

INSTRUCTIONS: Complete and email this form to info@swmft.ms.gov. Once this form is received, the fee will be posted in your profile to pay online, and we will mail you a fingerprint card. After getting your fingerprints added onto the card, be sure to fill out the descriptive information including signing the card, printing your name, your date of birth and social security number (as these spots are often overlooked). The fully completed card should be mailed to: Mississippi Board of Examiners for SW/MFT, P.O. Box 4508, Jackson, MS 39296-4508. **YOU CANNOT EMAIL THE CARD!!** Please do not allow the fingerprints to smudge.

Mark one: ___ Applicant for social work license
 ___ Applicant for LMFT license
 ___ Applicant for LMFTA license
 ___ License Renewal: license # _____
 ___ Reinstatement: license # _____

I, _____, request that a fingerprint card be sent to me at the address listed below. The required \$50.00 processing fee will be paid through the online payment portal, or by money order or cashier's check to MBOE. I understand that the information received from both the Mississippi Criminal Information Center and the Federal Bureau of Investigations concerning my criminal history records check via fingerprint records will be reviewed and may affect the approval of my application for licensure, reinstatement or the status of the renewal of my license.

Mailing Address: _____

Phone: _____

I understand that it may take 4-6 weeks for my fingerprints to be processed by the agency. I understand that there may be delays in the processing of my fingerprint card if my fingerprints are unreadable and that will extend the processing of my background and sex registry check beyond 4-6 weeks.

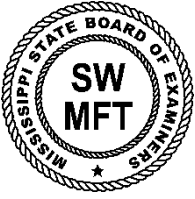
Signature

Date

For Office Use Only:

CC, MO, TC, OC #: _____ Amount: \$ _____ Date: _____

Name on payment, if different from licensee: _____



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INSTRUCTIONS FOR FINGERPRINT CRIMINAL HISTORY RECORD CHECK

The Mississippi Statute 73-53-11 requires a **fingerprint based criminal history record information check and a sex offender registry check** for each applicant for licensure. The checks must be obtained from the appropriate governmental authority or authorities and must be received by the Board within one-hundred eighty (180) day of the completed application. The appropriate governmental authority is the Mississippi Department of Public Safety, Criminal Information Center (CIC) and the Federal Bureau of Investigations (FBI).

The fingerprint criminal history and sex offender registry checks apply to an applicant seeking licensure or reinstatement as a Licensed Social Worker (LSW), Licensed Master Social Worker (LMSW), Licensed Certified Social Worker (LCSW), Licensed Marriage Family Therapist Associate (LMFTA) and Licensed Marriage Family Therapist (LMFT).

Beginning January 1, 2011, the Board of Examiners will require that applicants complete a “Request for Fingerprint Card Form” that is located on the Board’s website at www.swmft.ms.gov and mail it to the Board’s Office if you are a new applicant. The Board will charge a processing fee of \$50.00 to process background checks. The fee is payable by money order or cashier’s check to the Mississippi Board of Examiners for SW/MFT. If you are a current licensee, you will be able to email the request to info@swmft.ms.gov and log into the licensee portal to pay this fee online.

After receiving the applicant’s request and payment, the Board will mail you a traditional fingerprint card. Please follow the following instructions for completing the cards:

- Applicants must have picture identification (driver’s license). Applicants should have their fingerprints rolled by a local Law Enforcement Agency, such as a local police department or sheriff’s department. Be prepared to pay a fee for having the fingerprint card executed as some law enforcement agencies charge a fee. The fingerprints must be taken by an appropriately trained law enforcement official. The fingerprint card must be signed by a law enforcement official in the appropriate block.
- Additional fingerprint cards are available from the Board’s office upon request. The Board’s contact information is available at the top of this letter.
- Fingerprint cards must be completely filled out. Required information includes: full name, social security number, date of birth, home address, sex, height, weight, hair color, eye color, place of birth (state or country only), citizenship, and reason fingerprinted. Reason fingerprinted should be pre-filled with the following statement: “Applicant for SW or MFT Licensure, Miss. Ann. 73-53-11”.
- The fully completed card should be mailed to: Mississippi Board of Examiners for SW/MFT, P.O. Box 4508, Jackson, MS 39296-4508. Please do not allow the fingerprints to smudge.
- The Board will process your completed fingerprint card. Your fingerprint images will be forwarded to the FBI for identification through the national system. It may take up to two (2) weeks for your criminal history record information check to be completed. The completed criminal history and sex offender registry checks must be received by the Board office before an individual’s application will be considered for licensure.
- Please note that if your fingerprint card is rejected, you will be notified in writing and processing of your application will be delayed.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>