



Mississippi
Board of Examiners for Social Workers and Marriage & Family Therapists
 Post Office Box 4508 * Jackson, MS 39296-4508
 601-987-6806 * Fax: 601-987-6808 *
www.swmft.ms.gov * info@swmft.ms.gov

Out-of-State Verification of Licensure

PART I – To be Completed by Applicant

Applicant should complete Part I of this form and send to all licensing boards of the state or jurisdiction in which you have held a social work license. Once they complete Part II, this form should be forwarded to the address at the top of this form. I am applying for a license as a social worker in the State of Mississippi and hereby consent to the release of any information, favorable or otherwise, which you may have concerning my license or my practice.

Applicant's Signature: _____ Print Full Name: _____ Last four of SS No: _____

State verification is requested: _____ Mississippi License Applied for (select one): LSW LMSW LCSW

Part II - To be Completed by Board or Regulatory Agency: Upon completion of this form by the Licensure/ Registration Authority please return directly to MBOESWMFT

Name of Licensee: _____ Level of Licensure: _____ License No: _____

Date of Issue: _____ Is License Current? _____ Expiration Date: _____

Licensed by: () ASWB Examination () Grandfathering () Reciprocity/Endorsement () Other

Level of ASWB Exam: _____ Pass or Fail If grandfathered in, did licensee ever take the exam? _____

If other, please list name of exam? _____ Level: _____ Score: _____

If licensed at the LCSW level, was 2 years of clinical supervision completed? _____

If yes, please list the dates? From: _____ to _____ How many hours were completed? _____

Supervisor's Name: _____ License Number & Level: _____

Is License in Good Standing? _____ If no, please explain: _____

Any derogatory information? _____ If yes, please explain: _____

Has License ever been suspended, revoked or restricted? _____ If yes, please attach copies of any actions.

_____/_____/_____
Signature / *Printed Name* / *Title*

_____/_____
Title of Board / *Phone Number*

Board Seal

Date

