



National Association of Social Workers

Nomination for Social Work Candidate ---Recommendation for Board of Examiners (MBOE) for Social Workers & Marriage and Family Therapists

Term beginning January 1, 2024, through June 30, 2027. In order to be eligible as a member of the Board the candidate must be:

- 1. A licensed social worker in the state of Mississippi in good standing(see Social Worker Rules & Regulations, www.swmft.ms.gov), and
2. Able to attend and participate fully in ALL scheduled MBOE meetings, with the understanding that resignation from the Board must be submitted if three (3) consecutive scheduled meetings are missed. I understand that the MBOE routinely meets once monthly, mostly in Jackson.

Name (as appears on social work license):

Credentials/Initials (list all that you use)

Home address:

Home phone #: Cell #:

Preferred email: (most contact will be by email)

Agency Name/JobTitle:

Agency Address:

Phone #: Fax #: Email Address:

MS Social Work License # Type of License

Social Work Degree: Bachelor (BSW) Master (MSW) Doctorate (DSW or PhD)

Non-Social Work Degree (please specify):

Other professional licensing/certification: type/number with state held and date of expiration:

NASW MS is committed to supporting the requirement for racial, ethnic, geographic diversity on the MS Board of Examiners as stated in the MS Code. Please provide your primary ethnic/racial identification:

Racial/Ethnic Identification:

Please answer the following questions:

What is the purpose of social work licensing?

List: Professional Boards have you served on Role on the Board Type of Board Governance /Regulatory

What skills will you bring to the MBOE, the regulatory board for Social Workers and Marriage & Family

Therapists? _____

The **social work licensing law** and the **Rules & Regulations** for licensing are on the MBOE website. What areas of these documents are you **unable or unwilling to support and why?** _____

Are you on or have you been involved in any professional organizations or employment that would present a **Conflict of Interest** if you served on the MBOE?: yes no if yes, please explain _____

Confirmation by the Mississippi State Senate, a necessary part of the process to become a member of this Board, will include a background check. Have you been convicted of any violation of law (except minor traffic violation)? yes no ***** If yes, attach a thorough explanation.

Complete and sign the Authorization to Release Information form for review of your social work licensing record. It must be included with this nomination form.

By my signature below, I agree that:

I have thoroughly read the social work licensing law and the Rules & Regulations on the MBOE Website.

I will meet with NASW MS Representatives and attend one MBOE Board meeting before selection of candidates for submission to the Governor/Lt. Governor.

Should I be appointed to the MBOE:

I am committed to serving to the best of my professional and personal ability. I agree to act as a responsible professional, disclose all conflicts of interest, attendance problems, and any difficulty fulfilling my responsibilities on the Board and its Committees.

I will voluntarily resign at such time as I am not able to fulfill the required duties and regular monthly attendance requirements of this Board.

Signed: _____ Date: _____

Send completed packet with Application, Authorization to Release Information form, resume, documentation of education and license, and three letters of recommendation to NASW, MS Chapter, P.O. Box 5599, Pearl, MS 39288-5599 or email to gbouiehaynes.naswms@socialworkers.org.



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AUTHORIZATION TO RELEASE INFORMATION

I, _____, do hereby authorize the Mississippi State Board of Examiners for Social Workers and Marriage and Family Therapists to release and provide full and free access to any and all information regarding me that it has within its possession, custody or control to the National Association of Social Workers, Mississippi Chapter Executive Board and/or its representative.

The Mississippi State Board of Examiners for Social Workers and Marriage and Family Therapists and/or its representatives are hereby relieved from all liability for the release of such information.

This authorization is effective from _____ to _____, unless such authorization is revoked or cancelled by me in writing.

Witness my signature this, the _____ day of _____, 20_____.

Signature

State of Mississippi

County of _____

Personally appeared before me, the undersigned authority in and for the aforesaid jurisdiction, the within named _____ who, having been by me first duly sworn, stated on oath that he/she did sign and deliver the above and foregoing Authority to Release Information on the date set forth therein and for the purpose therein stated.

SWORN TO AND SUBSCRIBED BEFORE ME, this, the _____ day of _____, 20_____ .

NOTARY PUBLIC

MY COMMISSION EXPIRES:
