

GEORGIA BOARD OF EXAMINERS OF PSYCHOLOGISTS

237 COLISEUM DRIVE, MACON, GA 31217-3858 * PHONE (478) 207-2440 * FAX (866) 888-7127 * www.sos.ga.gov/plb/psych

(Submit this reporting form **only** if you are selected for a Continuing Education Hours audit. Please see Board Rule 510-8 for more information)

PEER GROUP CONSULTATION C.E.HOURS REPORT FORM

NAME: _____ **LICENSE # PSY:** _____

MEMBERS OF CONSULTATION GROUP: _____

| DATES ATTENDED | NUMBER OF HOURS | LOCATION OF GROUP | TOPICS DISCUSSED | IDENTIFICATION OF LEADER AND PARTICIPANTS ATTENDING |
|----------------|-----------------|-------------------|------------------|---|
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Use additional copies of this page if needed, and please include your name and license number on each page.

Signature of the individual who is the designated leader of the Peer Consultation Group – signature below must be notarized:

Executed in _____ (City), _____ (State)

Signature of Psychologist

Date

SUBSCRIBED AND SWORN BEFORE ME ON

THIS THE ____ DAY OF _____, 20____

NOTARY PUBLIC
My Commission Expires: _____

Notary Seal

Please include your name and license number in the spaces provided on all pages of this form. If any additional pages are needed, please include your name and license number on each page. This page must be signed, dated, and notarized.

BE SURE TO SUBMIT ALL PAGES OF THIS FORM ALONG WITH YOUR SUPPORTING DOCUMENTS AND THE CONTINUING EDUCATION 3 PAGE FORM FOR ALL CE'S OBTAINED

You may fax these forms and all supporting documents to 866-888-7127, e-mail it to ExamBoards-Healthcare@sos.state.ga.us or mail to the address noted above, along with all supporting documents required. Failure to do so may delay your license renewal.

(Submit this reporting form **ONLY** if you are randomly selected for a Continuing Education Hours audit)