GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS, Social Workers And Marriage And Family Therapists
237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-1670 (Telephone) * www.sos.ga.gov

REQUEST FOR INACTIVE STATUS

INSTRUCTIONS:

- A licensee who does not intend to practice in Georgia and who therefore does not intend to practice or use the title Professional Counselor, Social Worker, or Marriage and Family Therapist may apply to convert an active license to inactive status. An individual who holds an inactive license will not be required to renew their license or to satisfy the biennial renewal requirements. Board Rule, Chapter 135-6-06 (1)

- A person who holds an active license may apply for inactive status in the following manner:
  - ❒ Request in writing that the Board place the license into inactive status;
  - ❒ Submit this affidavit affirming that while on inactive status the licensee will not in anyway indicate or imply: that they hold an active Georgia license; or that they practice as a Professional Counselor, Social Worker or Marriage and Family Therapist; or use within the State of Georgia any words, letters, titles or figures which indicate that they are a Professional Counselor, Social Worker, or Marriage and Family Therapist; and
  - ❒ Submit their biennial renewal license, but retain their decorative wall certificate.
  Board Rule Chapter 135-6-.06 (3)

- A license may remain inactive for no more than five (5) years. If a licensee has not applied to reactivate their license before the five year deadline, the license will be revoked for failure to reactivate. In order to obtain a new license, a person whose license has been revoked for failure to reactivate must apply for licensure by examination following the procedure set out in Chapter 135-3. The applicant must satisfy the current requirements for licensure set out in Chapter 135-5. In order to meet these requirements the applicant may use any qualifying education, experience and supervision, including any which was applied toward their previous application for licensure, but must, upon approval of their application by the board, take and passes the licensing examination. Board Rule, Chapter 135-6-.06(2).

- See Board Rule, Chapter 135-6-.06(4) for procedures to apply for reactivation of license.

PERSONAL DATA (Please print or type)

LEGAL NAME_____ _____
Last First Middle

*Social Security Number: _____/_____/_____ E-MAIL ADDRESS: _____
*[For identification, law enforcement, statistical and administrative purposes] Please PRINT Clearly

_____
NAME IN WHICH LICENSE WAS ORIGINALLY ISSUED (IF DIFFERENT)

HOME ADDRESS _____
Street City State
Zip Code
BUSINESS ADDRESS_____
Street City State
Zip Code
TELEPHONE_____
HOME) (BUSINESS) (FAX)

AFFIDAVIT

I hereby attest that I am currently the holder of ☐ LPC ☐ MFT ☐ LCSW ☐ LMSW License Number _____ and request that this license be placed on inactive status. While on inactive status I will not in any way indicate or imply: that I hold an active Georgia license; or that I am practicing as a Professional Counselor, Social Worker or Marriage and Family Therapist; or using within the State of Georgia any words, letters, titles or figures which indicate that I am a Professional Counselor, Social Worker, or Marriage and Family Therapist

☐ I am forwarding herewith my biennial renewal license card.

_____ _____
Date Signature of Licensee
Sworn to and subscribed before me this
_____ day of _____, _____

_____
Notary Public

My Commission expires _____ NOTARY SEAL