

STATEMENT OF APPLICANT

I hereby apply to reinstate my revoked/lapsed License Type _____ License # _____, Issued on: _____ and Expired on _____.
Month/Day/Year Month/Day/Year

State reason/s why you did not renew your license and describe your professional activities since your license has lapsed:

Continuing Education

I attest that I have completed/met all of continuing education requirements as the Board's CE rule requires (135-6 & 135-9). **You must submit copies of all CE certificates as outlined in Board Rules, and the CE Reporting Form (see page 7 of this application.**

(Signature of Applicant)

EMPLOYMENT

Please indicate your employment history, please indicate your most recent employer or last place of practice first and any other type of employment/practice below:

Company Name _____
Address _____
Street Ste # City State Zip Code
Phone Number: () _____ Current Position: _____
Dates of Employment/Practice: Start Date: _____ To: _____

Duties: _____

Company Name _____
Address _____
Street Ste # City State Zip Code
Phone Number: () _____ Current Position: _____
Dates of Employment/Practice: Start Date: _____ To: _____

Duties: _____

PROFESSIONAL BACKGROUND

INSTRUCTIONS:

- For the following questions, the terms “license”, “registration” and “certification” are synonymous.
- If your answer is “yes” to any question below, attach a written detailed letter of explanation, relevant court or other related documents of the disposition of the issue, and the current status.

Yes No Are you currently licensed now or have you ever held a professional license other than the one you are applying to reinstate, anywhere? _____ Yes _____ No. If yes, then complete the following:

Type of License: _____

State: _____ License# _____

Date Issued: _____ Expiration Date: _____

Yes No Have you been denied professional licensure or renewal because of a license disciplinary proceeding in Georgia or any other state?

Yes No Have you knowingly failed to renew a license during investigation or disciplinary action?

Yes No Have you ever had a license to practice any profession revoked, suspended or annulled or otherwise disciplined, including by private order?

Yes No Have you been subject to disciplinary action or had your membership revoked by any professional organization?

If you answered “Yes” to the next two (2) questions, print out the “Background Investigation Consent” form found on the same webpage as this application. Failure to submit this form with application may result in delayed processing of the application.

Yes No Have you been convicted of any criminal offense?

Yes No Have you been arrested, charged, and sentenced for the commission of any felony or any crime involving moral turpitude?

Yes No Have you been the defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded expenses?

Yes No Are you currently unable to practice safely as a result of use of alcohol, drugs, narcotics, chemicals or any other type of material, or as a result of any mental or physical condition?

Yes No Have you previously applied for the same license for which you are currently applying? If “yes” name under which application was submitted: _____

Affidavit Regarding Citizenship

Please submit this document along with a copy of your secure and verifiable document to the Board office as indicated on the application.

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

- 1) _____ I am a United States citizen. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website.**

- 2) _____ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

___ DAY OF _____, 20___

NOTARY PUBLIC My Commission Expires:

**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS.
RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.**

License # _____

(Printed Name of Applicant)

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “not later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:

<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>

[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

GEORGIA COMPOSITE BOARD OF PC's, SW's & MFT's

E-Mail: ExamBoards-Healthcare@sos.state.ga.us * (478) 207-2440 [PHONE] Name: _____

(866) 888-7127 [FAX] * www.sos.state.ga.us/plb/counselors

License #: _____

CONTINUING EDUCATION REPORT *** Refer to Board Rule 135-9-.01 & .02**

AREA	ACTIVITY	SPONSORSHIP (FULL NAME)	LOCATION (CITY/STATE)	DATE(S) (M/D/YY)	# OF CLOCK HOURS/DAYS
I CORE					
II RELATED					
III ETHICS					

REFER TO BOARD RULE 135-9-.01 and 135-9-.02 available on the site www.sos.ga.gov/plb/counselors

- Each CE certificate submitted for audit must contain the licensee's name, the title of the CE activity, the name of the sponsoring organization, the number of credit hours earned and the date and location of the CE event.
- No more than 10 hours of continuing education may be earned through online methods.
- E-MAIL, FAX or MAIL THIS FORM AS NOTED. Please submit only once, by one method.