



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS, AND
 MARRIAGE AND FAMILY THERAPISTS
 237 Coliseum Drive, Macon, Georgia 31217-3858
 (478) 207-2440 [Telephone]
www.sos.state.ga.us/plb/counselors

ASSOCIATE MARRIAGE AND FAMILY THERAPY - PRACTICUM/INTERNSHIP VERIFICATION
 FORM A

INSTRUCTIONS: NO FAXED FORMS ACCEPTED

- Please type or print clearly. For additional forms, please photocopy. This is a 2-sided form.
- Practicum/Internship must meet the requirements set out in Board Rule 135-5-.06 [Graduate level course over 12 consecutive months, under supervision, minimum 500 hours MFT clinical contact.]
- **Applicant** – Complete Part I.
- **On-Site Coordinator of Practicum/Internship** - Complete Part II.

PART I - TO BE COMPLETED BY APPLICANT

Name: _____

Address: _____
 Street City State Zip

- √ Check applicable and complete information below:
- Practicum/Internship which was **part of my degree program** OR
 - Practicum/Internship **before or after the master's degree.**

√ Check Type of Practicum/Internship: MFT PC SW

Institution: _____ Degree: _____

Course Title & Number: _____ Supervisor: _____

Practicum/Internship Site: _____

Address: _____

Position/Title: _____

Description of Responsibilities: _____

DATES:	FROM: Month/Year	TO: Month/Year
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DURATION:	TOTAL YEARS:	TOTAL MONTHS:
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HOURS OF ON-SITE EXPERIENCE

Individuals:	Group:	Couples/Families:
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OATH

I attest that the above information is a true and accurate representation of my Practicum/Internship.

 Date
 Subscribed to and sworn before me
 this ____ day of _____,

 Signature of Applicant

 Printed Name

 Notary Public
 My Commission Expires: _____

NOTARY SEAL

FORM A-PART II - TO BE COMPLETED BY THE ON-SITE COORDINATOR

INSTRUCTIONS:

- Please review the applicant's description of his/her Practicum/Internship experience. If you have any additional information which would assist the Board in making a decision on licensure for this applicant, please provide that information below.
- Complete A or B below, as applicable.

ADDITIONAL INFORMATION:

A - ACTUAL ON-SITE COORDINATOR

ATTESTATION:

I attest that I served as the On-Site Coordinator for the Practicum/Internship described above and that this description is a true and accurate representation of this applicant's experience.

Date

Signature of On-Site Coordinator

Printed Name

Name of Site:

Address:

Street

City

State

Zip

Work Phone: ()

Home Phone: ()

Fax: ()

B - CURRENT ON-SITE COORDINATOR

ATTESTATION:

I attest that the person who coordinated this applicant's Practicum/Internship cannot be located and that I am the current On-Site Coordinator and can verify this applicant's experience based upon a review of the available records. After a diligent and thorough search of available records, I attest that the Practicum/Internship described above is a true and accurate representation of this applicant's experience.

Date

Signature of Current On-Site Coordinator

Printed Name

Name of Site:

Address:

Street

City

State

Zip

Work Phone: ()

Home Phone: ()

Fax: ()