

SOCIAL WORK REQUEST FOR EXAM EXTENSION

INSTRUCTIONS Please print or type.

- Complete this form and submit to the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists to request a one-time exam extension.
- The Georgia Board does not require a fee for an extension request however ASWB may require an exam fee/correction fee.
- You must apply for the extension no later than the date your initial exam approval expires. If the extension is approved, the extension will be effective immediately and may be granted for up to six months.
- An exam extension cannot be issued on expired or withdrawn applications.
- Only one exam extension will be granted per applicant/application

NAME: _____
 First Middle Last Applicant #

ADDRESS: _____
 Street

City State Zip Code Applicant Number

- Yes No Have you previously applied to take an examination?
 Yes No Have you changed your **name** since your last application for examination was filed?
If "Yes," please attach a copy of your marriage certificate, divorce decree, court order, etc., so that your record can be corrected.
 Yes No Have you changed your **address** since your last application for examination?
 Yes No Since your initial application for licensure, have you ever been arrested, charged, or sentenced for the commission of a felony, misdemeanor (other than minor traffic or parking violations) or any crime of moral turpitude, including the entry of a plea of nolo contendere or a plea entered pursuant to the provisions of the "Georgia First Offenders Act"? You must respond "yes" if you plead and completed probation as a First Offender. If yes, provide certified copies of the court disposition, letter of explanation and a completed background consent form.

HOME PHONE: ()

OTHER PHONE: ()

SOCIAL SECURITY NUMBER: _____/_____/_____

THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE AND FEDERAL AGENCIES PURSUANT TO O.C.G.A. §§ 19-11-1 & 20-3-295, U.S.C.A §§ 551, 20 & 1001

Email Address (print clearly) _____ Acknowledgement of your application will be sent by e-mail. Also, if any additional information is needed, e-mail is the most efficient way for the Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change. YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.

I wish to re-take the MSW or CSW EXAMINATION (THROUGH ASWB) on: _____

Signature of Applicant

Sworn and subscribed to before me this

_____ day of _____, _____.

Notary Public _____

My Commission Expires: _____

NOTARY SEAL