



APPLICATION FOR LICENSURE AS A CLINICAL SOCIAL WORKER

GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS, AND MARRIAGE & FAMILY THERAPISTS

237 Coliseum Drive, Macon, Georgia 31217

Phone (478) 207-2440 * www.sos.state.ga.us/plb/counselors

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Social Work in the State of Georgia. Visit the Board's website for information.

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications are void after one year, and you will have to reapply. Please allow at least twenty-five (25) business days for processing of your application, if it is complete. Incomplete applications will take longer to process.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a **COMPLETE** application.

The **NON-REFUNDABLE APPLICATION FEE** made payable to Georgia Professional Counselors, Social Workers, and Marriage & Family Therapists must be included with the application. (Please see Fee Schedule located on the Board's website www.sos.ga.gov/plb/counselors).

- NOTARIZED APPLICATION:** The application must be mailed to the Board's office at the address listed above along with your **FEE**. All questions must be answered. Any question answered "yes" may require additional documentation to be submitted such as: official court documents and a written explanation of any criminal convictions and/or charges, or disciplinary sanctions by another state licensing or regulatory board. The Board will review a complete application with all required documentation during its next scheduled meeting. Approval of licensure is at the Board's discretion.
- ASWB EXAM SCORES:** If you have not taken the CSW exam thru ASWB, you will receive the exam approval letter with information after Board approval. All applicants are required to pass the Association of Social Workers Board (ASWB) national Clinical Social Work Examination. If you have taken the ASWB-CSW exam, please contact them at 1-888-579-3926 and have them certify your scores to Georgia.
- DEGREE TRANSCRIPT:** All applicants for licensure must have earned a Master's degree in Social Work and graduated from an institution accredited by the Council on Social Work Education. An **official** college transcript certifying the grades, degree conferred and the date awarded must be received in this office directly from the Registrar of the college/school.
- GEORGIA DOES NOT OFFER ENDORSEMENT OR RECIPROCITY LICENSURE FOR A SOCIAL WORK LICENSE:** If you have taken the Clinical Social Work exam thru ASWB, you would apply for license by exam waiver and request an official score transfer from ASWB. If you have not taken the Clinical Social Work exam thru ASWB, you would apply for license by exam.

- OTHER STATE LICENSURE CERTIFICATION/FORM N:** If you are currently, or have ever been licensed in another State(s) or jurisdiction, please have that/those State(s) or jurisdictions officially certify your license directly to the Georgia Board's office.
- FORM B-DIRECTED EXPERIENCE FROM:** The director/employer must document the on-going administrative oversight of an employee or superior of a practitioner's work.
- FORM C-SUPERVISION VERIFICATION FORM:** The supervisor must document the direct clinical review for the purpose of training or teaching of a Social Worker's interaction with a client(s). Documentation of having acquired 120 hours of supervision during the same period of directed experience. **THE GA BOARD WILL ONLY ACCEPT THIS FORM – DO NOT SUBMIT FORMS USED BY OR SUBMITTED TO ANOTHER STATE REGULATORY ENTITY**
- REFERENCES:** Must have two (2) references by teachers or supervisors who are familiar with their experience in Social Work.
- BACKGROUND INFORMATION:** The Board requires applicants to disclose all previous arrests, history of treatment for substance abuse or dependence and discipline by other regulatory boards. If you have ever been arrested, received treatment, or been disciplined by any other regulatory board or agency please provide a certified copy of the official documents showing the final disposition or order relevant to the incident as well as a personal, detailed letter of explanation regarding each incident. Also, you must report any disciplinary action or investigation involving any professional license you may hold or have held, in any state, jurisdiction or territory, and, submit copies of the official court or other official document(s) which indicate the final disposition of any reported incidents as noted above. You are expected to read each question carefully and completely and to notify the Board of any changes in the background information you report on this application.
- IMPORTANT:** Applicants: please note when accessing your application status on our website under the *Online Services* tab's link, "*Check the Status of an Application*", that checklist items that indicate "completed" ***only means*** that those documents have been received. This tool is to be used as an option for you to monitor your application for items received as you are going through the licensure process.

Only the Georgia Composite Board of Professional Counselors, Social Workers and Marriage & Family Therapists have the authority to approve or deny an application for licensure. Every application file must be submitted to the Board for review. The Board meets monthly to review applications and conduct other Board business. Once your application file has been reviewed by the Board, you will receive written communication of the Board's decision within five to ten business days following the Board meeting.

PLEASE DO NOT SUBMIT THESE INSTRUCTION PAGES WITH YOUR APPLICATION AND SUPPORTING DOCUMENTS

PART II - PROFESSIONAL BACKGROUND – ALL APPLICANTS

ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS. IF "YES," TO 1 THROUGH 9, ATTACH A DETAILED LETTER OF EXPLANATION AND ALL SUPPORTING COURT OR OTHER DOCUMENTS.

- Yes No 1. Are you unable to practice safely as a result of use of alcohol or other drugs?
- Yes No 2. Have you been denied professional licensure or renewal because of a license disciplinary proceeding?
- Yes No 3. Have you ever had a license to practice social work, counseling, marriage and family therapy, or any other profession revoked, suspended or annulled or otherwise sanctioned, including by private order, by any board or agency in Georgia or any other state, territory, or country?
- Yes No 4. Have you been subject to disciplinary action or had your membership revoked by any professional organization?
- Yes No 5. Have you knowingly failed to renew a license during an investigation of a disciplinary matter against you?
- Yes No 6. To the best of your knowledge, is there any disciplinary action or investigation pending against you by any licensing board, agency, or professional organization?
- Yes No 7. Have you ever been arrested or convicted of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DWI and DUI are not minor traffic violations.) For purposes of this question, a "conviction" includes a finding of verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge (s). NOTE: The answer to this question is "YES" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.

If "yes," please include a certified copy of the court records and final disposition from the court with your application. In the event the file no longer exists, you must submit documentation from the court stating that fact. Also include a personal letter of explanation regarding each incident.

If you answered "Yes" to question 7, 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 8. Have you been the defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded expenses?
- Yes No 9. Do you now hold or have you ever held a license as a social worker in any jurisdiction? If "yes" complete the following:
Jurisdiction _____ License No. _____
Date Issued _____ Expiration _____
Please request each licensing board submit verification of license to Georgia (Form N)
- Yes No 10. Have you previously applied for the same license for which you are currently applying? If "yes" name under which application was submitted: _____
- Yes No 11. Did you receive a Master's Degree in Social Work (MSW) from a Council on Social Work Education (CSWE) accredited school? Date Degree Received _____
Name of School _____
- Yes No 12. Did you complete a practicum or internship as part of your MSW Degree Program?
- Yes No 13. Have you ever served on active duty in the Armed Forces, the Reserves or the National Guard during wartime or during any conflict when military personnel were committed by the President? If "Yes," you may be eligible for Veterans' Preference Points to be added to your examination score. Submit your DD214 Form to the Board office.

PART III - EXAMINATION WAIVER – ONLY APPLICANTS FOR WAIVER

EXAM TAKEN: I have taken and passed the **Clinical Social Work** Exam; Date Taken: _____

COPY OF SCORE: I have requested that ASWB submit my score directly to the Board Office.

PART IV - SOCIAL WORK EXPERIENCE – EXAMINATION & EXAMINATION WAIVER APPLICANTS

- Yes No Do you have an earned Master’s Degree in Social Work (MSW) from a program in a school accredited by the Council on Social Work Education (CSWE) in which candidacy, conditional or accreditation status was in effect when the degree was awarded?
- Yes No Did you complete a practicum or internship as part of your MSW Degree Program?
- Yes No Do you have three (3) years of full-time experience in the practice of Clinical Social Work?
- Yes No Have you obtained at least one (1) year of full time experience in the 36-month period prior to your Application? If you are re-applying to take the CSW exam, you must submit an updated Form B to show current directed work experience obtained since the last date you initially applied for licensure.
- Yes No Do you have a Doctoral Degree in: Professional Counseling, Social Work, Marriage and Family Therapy, Medicine, Psychiatric Nursing, Applied Psychology, Pastoral Counseling or Applied Child and Family Development which you want the Board to consider in lieu of the required years of supervised Clinical Social Work?

PART V - DIRECTED EXPERIENCE – EXAMINATION & EXAMINATION WAIVER APPLICATIONS

- List the name(s) of the Director(s) under whom you fulfilled the experience requirement for licensure and include the date(s) of employment AND total number of hours obtained from each place of employment.
 - Have each Director complete a separate Form B — Professional Experience Verification Form to demonstrate that you meet the minimum experience requirement for licensure.
 - See Board Rule Chapter 135-5-.04(5).
 - This information listed here should match what is outlined on Form B.
- I hold a Master’s Degree in Social Work AND a Doctoral Degree in:** Professional Counseling, Social Work, Marriage and Family Therapy, Medicine, Psychiatric Nursing, Applied Psychology, Pastoral Counseling or Applied Child and Family Development. My degree program included a Supervised Clinical Internship and **I wish to substitute this for one (1) year of supervision.**

1. NAME OF DIRECTOR:

DATES OF EMPLOYMENT	FROM:	TO:
TOTAL NUMBER OF HOURS OBTAINED:		

2. NAME OF DIRECTOR:

DATES OF EMPLOYMENT	FROM:	TO:
---------------------	-------	-----

3. NAME OF DIRECTOR:

DATES OF EMPLOYMENT:	FROM:	TO:
TOTAL NUMBER OF HOURS OBTAINED:		

PART VI –SUPERVISION – EXAMINATION & EXAMINATION WAIVER APPLICANTS

INSTRUCTIONS:

- List the name(s) of the Supervisor(s) under whom you fulfilled the supervision requirement for licensure and include the date(s) of supervision AND total number of hours obtained by each supervisor.
- Have each Supervisor complete a separate Form C — Professional Experience Supervision Verification Form to demonstrate that you meet the minimum experience requirement for licensure.
- See Board Rule Chapter 135-5-.04
- This information listed here should match what is outlined on Form C

NAME OF SUPERVISOR:

DATES OF SUPERVISION	FROM:	TO:
TOTAL NUMBER OF HOURS OBTAINED:		

NAME OF SUPERVISOR:

DATES OF SUPERVISION	FROM:	TO:
TOTAL NUMBER OF HOURS OBTAINED:		

NAME OF SUPERVISOR:

DATES OF SUPERVISION	FROM:	TO:
TOTAL NUMBER OF HOURS OBTAINED:		



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

APPLICATION FOR CLINICAL SOCIAL WORKER LICENSURE
SOCIAL WORK DIRECTED EXPERIENCE VERIFICATION FORM - FORM B

- APPLICANT – Complete Part I and forward this form to the agency or organization in which you completed your directed experience practicing Social Work.
- AGENCY OR ORGANIZATION - The Director must Complete Part II and return it to the Applicant for inclusion with the Application for licensure.

PART I – APPLICANT

NAME OF APPLICANT: _____
First Middle Last (Maiden)

This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. 19-11-1 and O.C.G.A. 20-3-295, 42 U.S.C.A. 551 and 20 U.S.C.A. 1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.

PART II – AGENCY OR ORGANIZATION

INSTRUCTIONS:

- "Direction" means the on-going administrative oversight of an employer or superior of a practitioner's work. (Unpaid or Volunteer experiences are **NOT** acceptable in meeting the directed work experience requirement).

CERTIFICATION

I CERTIFY THAT THE ABOVE-NAMED INDIVIDUAL PRACTICED SOCIAL WORK AT:

(Name of Agency or Organization)

Address: _____
Street City State Zip Code

From: _____ To: _____ For _____ Hours Per Week.
(MUST DOCUMENT DATE - DO NOT USE "PRESENT")

Total Number of Hours: _____

Date Signature of Director or Authorized Person

Name of Agency or Organization Printed Name of Director or Authorized Person Above

Title/Position

Street Address

City State Zip Code

Telephone: ()

Fax: ()



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

APPLICATION FOR CLINICAL SOCIAL WORKER LICENSURE
PERSONAL REFERENCE FORM
FORM D

INSTRUCTIONS:

- Please type or print legibly.
- Applicants must have references from **two (2) teachers or supervisors** who are familiar with their experience in Social Work.
- **APPLICANT** - Complete Part I, give this form to your references with an envelope addressed to yourself. Retrieve the completed form from your reference for inclusion with your application.
- **REFERENCE** - Complete Part II, enclose this form in the envelope provided to you by the applicant, seal the envelope, sign your name across the envelope flap and return it to the applicant.
The Board assumes that in recommending this applicant, references will interpret or substantiate to the Board your recommendation if the Board needs to contact you at a later date.

PART I - APPLICANT

Name: _____

PART II - REFERENCE

Name: _____

Address: _____

Day Phone: () _____

Other Phone: () _____

Relationship to Applicant: _____

Teacher

Supervisor

Dates of Teaching/Supervisory Relationship: FROM: _____ TO: _____
Month/Day/Year Month/Day/Year

PROFESSIONAL POSITION WHEN TEACHING OR SUPERVISING APPLICANT:

Title: _____

Agency/Institution: _____

Address: _____

RECOMMENDATION: I Recommend Do Not Recommend the Applicant for licensure.

ADDITIONAL COMMENTS:

[Please write any comments that would assist the Board in making a decision on this Applicant for licensure.]

_____ Date

_____ Signature of Reference



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

**CLINICAL SOCIAL WORKER
 DIRECTED EXPERIENCE - MISSING OR DECEASED SUPERVISOR AFFIDAVIT
 FORM E**

INSTRUCTIONS:

- Please type or print clearly.
- The Directed Experience Supervisor must be:**
- APPLICANT:**
- Make every effort to locate the as many of the Directed who provided your Directed Experience as necessary to document the required Directed Experience.
- You may show your diligence with returned mail, copies of letters, and verifications from your academic institution, etc.
- If, however, you have obtained sufficient directed experience to meet licensure requirements, but after a diligent search you are unable to locate enough Supervisors to document the required time, you may attest to undocumented Directed Experience by taking the Oath below.
- The Board may require additional information upon review.
- A Form E must be submitted separately to document directed work experience and supervision. Do not combine the hours on one form.

PART I - APPLICANT

NAME: _____

PART II - OATH

Under penalty of perjury, as provided in the Official Code of Georgia Annotated, I hereby aver and swear that I was unsuccessful, after I made a diligent effort, to locate:

Name of Supervisor: _____
 who served as my supervisor while I worked under the direction of: _____

Name of Director

at: _____
 Name of Agency or Organization Address City State Zip

License Type: Professional Counselor Clinical Social Worker Marriage and Family Therapist Psychologist
 Psychiatrist Member of the Academy of Certified Social Workers
 Earned an MSW from a CSWE-accredited program

License #: _____ State: _____ Date Issued: _____ Expir. Date: _____ Years of Practice After Licensed: _____
 The supervision of my Social Work Practice was provided during the following 12-month period/s:

YEAR 1 OR PART THEREOF	FROM:	TO:	TOTAL HOURS:
YEAR 2 OR PART THEREOF	FROM:	TO:	TOTAL HOURS:
YEAR 3 OR PART THEREOF	FROM:	TO:	TOTAL HOURS:
YEAR 4 OR PART THEREOF	FROM:	TO:	TOTAL HOURS:

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

 Notary Public
 My Commission Expires: _____

NOTARY SEAL



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

**CLINICAL SOCIAL WORKER
 SUPERVISION - MISSING OR DECEASED SUPERVISOR AFFIDAVIT
 FORM E**

INSTRUCTIONS:

- Please type or print clearly.
- The Directed Experience Supervisor must be:**
- APPLICANT:**
 - Make every effort to locate the as many of the supervisors who provided your supervision as necessary to document the required supervision hours obtained.
 - You may show your diligence with returned mail, copies of letters and verifications from your academic institution, etc.
 - If, however, you have obtained sufficient directed experience to meet licensure requirements, but after a diligent search you are unable to locate enough Supervisors to document the required time, you may attest to undocumented Directed Experience by taking the Oath below.
 - The Board may require additional information upon review.
 - A Form E must be submitted separately to document directed work experience and supervision. Do not combine the hours on one form.

PART I - APPLICANT

NAME: _____

PART II - OATH

Under penalty of perjury, as provided in the Official Code of Georgia Annotated, I hereby aver and swear that I was unsuccessful, after I made a diligent effort, to locate:

Name of Supervisor: _____
 who served as my supervisor while I worked under the direction of: _____

at: _____
 Name of Clinical Supervisor Address City State Zip

License Type: Professional Counselor Clinical Social Worker Marriage and Family Therapist Psychologist
 Psychiatrist Member of the Academy of Certified Social Workers
 Earned an MSW from a CSWE-accredited program

License #: _____ State: _____ Date Issued: _____ Expir. Date: _____ Years of Practice After Licensed: _____
 The supervision of my Social Work Practice was provided during the following 12-month period/s:

YEAR 1 OR PART THEREOF	FROM:	TO:	TOTAL HOURS:
YEAR 2 OR PART THEREOF	FROM:	TO:	TOTAL HOURS:
YEAR 3 OR PART THEREOF	FROM:	TO:	TOTAL HOURS:
YEAR 4 OR PART THEREOF	FROM:	TO:	TOTAL HOURS:

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

 Signature of Applicant

 Notary Public
 My Commission Expires: _____

NOTARY SEAL



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

APPLICATION FOR LICENSURE BY ENDORSEMENT
VERIFICATION OF LICENSURE IN ANOTHER STATE
FORM N

- Please type or print legibly. NOTE: The GA Board will also accept this verification of licensure on any form or format the issuing state(s) may utilize or prefer.
- **Applicant** - Complete Part I. Mail a form to the Board or Agency of each state or jurisdiction by which you are currently licensed or certified as a Social Worker.
- **State Licensure Board or Regulatory Agency** - Complete Part II.
- Then either Fax to 866-888-7127 or e-mail to ExamBoards-Healthcare@sos.state.ga.us

PART I - APPLICANT

Full Name:

Address:

Date of Birth:

Social Security #:

GEORGIA LICENSE APPLIED FOR - CHECK ONLY ONE: Marriage and Family Therapist Professional Counselor

Jurisdiction:

License Number:

Title of License:

Date Issued:
Expiration Date:

TO WHOM IT MAY CONCERN

I, the undersigned applicant, am applying for a license with the Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists. I hereby consent to the release of any information, favorable or otherwise, which you may have concerning my license or practice. Please return the completed form directly to the Georgia Board at the above address.

Date

Signature of Applicant

PART II - LICENSURE BOARD OR REGULATORY AGENCY CERTIFICATION

I, _____, Board Chair or Designated Official
of the _____ certify

(Name of Board or Regulatory Agency)

that the information provided above by this applicant does does not conform with that in our record.

If "does not", please explain: _____

According to our record, the applicant has has not been disciplined by this or any other Board, state agency, or professional organization. **If the applicant has been disciplined, please explain and attach a copy of the Order or Decree:**

Date

Signature of Board Chair/Designated Official

Title of Board

Street Address

BOARD SEAL

City/State/Zip Code