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

PROFESSIONAL COUNSELOR
PRACTICUM/INTERNSHIP - MISSING OR DECEASED SUPERVISOR AFFIDAVIT
FORM B

INSTRUCTIONS: Please type or print clearly.

APPLICANTS: **NO FAXED FORMS ACCEPTED.**

- Make every effort to locate the supervisor(s)/instructor of record as necessary to document the required Practicum/Internship Experience.
- You may show your diligence with returned mail, copies of letters, verification from your academic institution, etc.
- If, however, after a diligent search you are unable to locate the supervisor(s), you may attest to undocumented supervision of practicum/internship by taking the Oath below.
- The Board may require additional information upon review.

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 Practicum/Internship Supervisor in the practice of Professional Counseling

during the period of : _____ to _____
Month/Year Month/Year

and during that period he/she was licensed as a:

❒Professional Counselor
❒Clinical Social Worker
❒ Marriage and Family Therapist
❒Psychologist
❒Psychiatrist
❒Certified Rehabilitation Counselor

License Number: _____ In the State of :_____

I have attached copies of letters and/or returned mail that demonstrates my attempt/s to reach this supervisor.

_____ _____
Date Signature of Applicant

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

_____
Notary Public
My Commission Expires: _____. NOTARY SEAL