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 PROFESSIONAL COUNSELOR LICENSE BY EXAMINATION
PROFESSIONAL COUNSELOR DIRECTED EXPERIENCE VERIFICATION FORM - FORM C

- Please print or type.
- **APPLICANT** – Complete Part I and forward this form to the agency or organization in which you completed your directed experience practicing Professional Counseling.
- **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

Applicant's Name: _____ Social Security Number: _____/_____/_____
Last First Middle

PART II – AGENCY OR ORGANIZATION

INSTRUCTIONS:

- "Direction" means the on-going administrative oversight of an employer or superior of a practitioner's work.
- **Please See Rule 135-5-.02 for definitions.**

CERTIFICATION

I CERTIFY THAT THE ABOVE-NAMED INDIVIDUAL PRACTICED PROFESSIONAL COUNSELING AT THE FOLLOWING LOCATION:

_____
Name of Agency/Organization

Address: _____
Street City State Zip Code

From: _____ To: _____ For _____Total # of Hours; for $ _____ Wages/Salary

_____ _____
Date Signature of Director or Authorized Person

_____ _____
Name of Agency or Organization Printed Name

_____
Title/Position

_____ _____
Street Address City State Zip Code

Telephone: ( ) Fax: ( )

Sworn to and subscribed before me this
_____day of_____,_____.

_____
Notary Public NOTARY SEAL
My Commission Expires:_____.