



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

MARRIAGE AND FAMILY THERAPY
 PRACTICUM/INTERNSHIP SUPERVISION VERIFICATION
 FORM B

INSTRUCTIONS:

NO FAXED FORMS ACCEPTED

- Please type or print clearly.
- Practicum/Internship must meet minimum requirements set out in Board Rule 135-5-.06.
- **Applicant** – Complete Part I. For additional forms, please photocopy. Complete a separate form for each Practicum/Internship listed on your Application.
- **Practicum/Internship Supervisor** - Complete Part II. After you have completed this form and it has been notarized, enclose it in a sealed envelope, sign your name over the flap and return it to the Applicant.

PART I - TO BE COMPLETED BY APPLICANT

Name: _____ Social Security #: _____

PART II - TO BE COMPLETED BY THE PRACTICUM/INTERNSHIP SUPERVISOR

Name of Supervisor: _____

Type of License: MFT PC CSW PSYCHOLOGIST PSYCHIATRIST

License # _____ State: _____ Date Issued: _____ Expiration Date: _____

CERTIFICATION:

I hereby certify that I supervised the Internship/Practicum of the above-named Applicant who practiced:

- Marriage and Family Therapy Professional Counseling Social Work

Practicum/Internship Site: _____

Address: _____
 Street City State Zip

FROM: _____ TO: _____ TOTAL MONTHS: _____
 Month/Year Month/Year

SUPERVISION:

This Applicant received the following supervision from me:

INDIVIDUAL: _____ Hours/Week GROUP: _____ Hours/Week

I hereby certify that at the time of the documented supervision I met one of the following criteria:

- AAMFT Approved Supervisor AAMFT Supervisor-in-Training Georgia Board Approved Supervisor

DESCRIPTION OF PRACTICE SUPERVISED:

OATH

I attest that the supervision described above is a true and accurate representation of this Practicum/Internship experience and supervision.

 Date Signature of Internship/Practicum Supervisor

Subscribed to and sworn before me

this ____ day of _____, _____ .

 Notary Public
 My Commission Expires: _____

NOTARY SEAL