

FOR BOARD USE ONLY
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FOR BOARD USE ONLY
 Certificate Number _____
 Date Issued _____
 Applicant No. _____

**GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS,
 SOCIAL WORKERS, AND MARRIAGE AND FAMILY THERAPISTS**
 237 Coliseum Drive, Macon, GA 31217-3858

**PRIOR APPROVAL PROVIDER APPLICATION FOR
 MFT POST-GRADUATE, EDUCATIONAL COURSE**

*(To be completed and mailed directly to board office at address above by the educational
 program or sponsoring training institution)*

- NON-REFUNDABLE APPLICATION FEE: \$100.00**
 RENEWAL FEE (AFTER INITIAL 3 YEAR APPROVAL): \$50.00

(Checks returned for insufficient funds will be assessed a \$40.00 service charge pursuant to O.C.G.A. §16-9-20).

I.

This form is intended for prior approval of a single marriage and family post-graduate, educational course which fulfills requirements as set forth in Rule Chapter 135-5-.06(a)(2), including a minimum of 45 hours of classroom instruction. Approval for a specific course shall be for a period of three years and shall expire unless renewed prior to the end of that period.

II.

Name of Sponsoring Training Institution _____
 Name of Contact Person _____
 Mailing Address _____
 _____ E-Mail Address _____
 Telephone Number _____ Fax Number _____
 Initial Application _____ Approval Renewal _____ (Check One)

III.

Please indicate whether this course is intended as a course in:
 Marriage and Family Studies
 Marriage and Family Therapy
 Marriage and Family Ethics
 [Descriptions of these courses are found in Rule Chapter 135-5-.06(a)6, 7, and 8]

IV.

Checklist of Required Attachments:
A. Course Syllabus and Overview.
B. Identification of one or more comprehensive texts.
C. Bibliography which reflects current thinking in MFT.
D. Curriculum Vitae for all instructors. (An instructor must be a licensed MFT, LPC, LCSW, Psychologist or Psychiatrist who is able to demonstrate both specific training in and at least 5 years of practice in the field of MFT.)
E. Demonstration that at least one comprehensive exam shall be included in the course. (Note: A score of 80% or better is required to pass both exam and course.)

V.

Application Fee: Please include the **NON-REFUNDABLE** application fee of \$100 for the initial approval of each course. At the end of the third year when approval is renewed, a fee of \$50 must accompany each renewal application. Make check payable to the "Georgia Composite Board of PC, SW, and MFT."

AFFIDAVIT

THE UNDERSIGNED SWEARS OR AFFIRMS THAT ALL INFORMATION CONTAINED IN THE APPLICATION IS TRUE AND CORRECT IN EVERY RESPECT.

STATE OF _____

COUNTY OF _____

SIGNATURE OF THE DIRECTOR/COORDINATOR

SUBSCRIBED AND SWORN TO BEFORE ME THIS

PRINTED NAME OF DIRECTOR/COORDINATOR

_____ DAY OF _____, _____

DATE

(Notary Seal)

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

Once the application is complete, please mail all supporting materials with application fee to the following address:

**Georgia Composite Board of PC, SW, and MFT
Professional Licensing Boards Division
237 Coliseum Drive
Macon, GA 31217**

BOARD USE ONLY:

Name of Course: _____ **Date:** _____

Approved: _____ **Not Approved:** _____

Approval Expires: _____ **Approval number:** _____