



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](http://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](mailto: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 \_\_\_\_\_  
Name of Board or Regulatory Agency

certify 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

09/18/2014