



**GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS
AND MARRIAGE & FAMILY THERAPISTS**

237 Coliseum Drive, Macon, GA 31217-3858

Phone: 478-207-2440 * www.sos.ga.gov/plb/counselors

Supplemental Information Required for MSW Licensure Applications
Only complete applications will be presented to the Board.

(Mail, or request to be mailed, to the Board office any required official documents or forms noted below as supplements to your online Master Social Worker licensure application)

Applicant Name _____ **Tracking Code** _____
(Print clearly) (Found on receipt page)

1. Two (2) **Personal References** (teachers or supervisors): Your two (2) forms (*Form "D") completed and signed.
2. **Verification of Licensure:** Download the Board's form (*Form "N") and submit to each state or jurisdiction in which you have been licensed for their submission directly to the Board on your behalf.

**NOTE: Forms D and N may be found on the site <http://sos.georgia.gov/plb/counselors> Click on the link for "online services" and then select the "download forms" link.*

3. **Official Transcript:** Of your Master's Degree in Social Work (MSW) certifying your grades and the date degree conferred and awarded must be received in the Board office directly from the **CSWE accredited college/school** you attended.

IMPORTANT: Do not request submission of your transcript or any other required forms or documents to the Board prior to having submitted your online application for licensure.

NOTE: If your transcript is in a name other than the name you have applied for licensure in, you must notify the board of this. Provide a statement with any supplemental documents submitted directly to the Board.

4. **National Boards Score:** All applicants are required to pass the Association of Social Workers Board (ASWB) national Master Social Work Examination. Please contact the National Board Administrative Offices at 1-800-225-6880 and have them certify your scores directly to the Georgia Board

5. **US Citizenship/Qualified Alien status:** If you are not a US Citizen, you must submit to the Board offices a clear, readable copy, both sides if applicable, of the document(s) verifying your lawful presence in the United States (i.e. I-551, I-94 etc...). Address is noted above.

6. **Consent Form:** Submit directly to the Board.



OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440

CONSENT FORM

I hereby authorize the Georgia Composite Board of Professional Counselors, Social workers and Marriage and Family Therapists ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

_____/_____/_____
Sex Race Date of Birth Social Security Number

One of the following must be checked:

This authorization is valid for 90/180/___ (circle one) days from date of signature.

I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature of Applicant

Date

Special licensure provisions (check if applicable):

- ___ Working with mentally disabled
- ___ Working with elder care
- ___ Working with children