APPLICATION FOR LICENSURE AS A CLINICAL SOCIAL WORKER

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

237 Coliseum Drive, Macon, Georgia 31217

Phone (478) 207-2440 * www.sos.state.ga.us/plb/counselors

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Social Work in the State of Georgia. Visit the Board's website for information.

Important

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications are void after one year, and you will have to reapply. Please allow at least twenty-five (25) business days for processing of your application, if it is complete. Incomplete applications will take longer to process.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application.

The **NON-REFUNDABLE APPLICATION FEE** made payable to Georgia Professional Counselors, Social Workers, and Marriage & Family Therapists must be included with the application. (Please see Fee Schedule located on the Board's website www.sos.ga.gov/plb/counselors).

- ❑ **NOTARIZED APPLICATION:** The application must be mailed to the Board's office at the address listed above along with your **FEE**. All questions must be answered. Any question answered "yes" may require additional documentation to be submitted such as: official court documents and a written explanation of any criminal convictions and/or charges, or disciplinary sanctions by another state licensing or regulatory board. The Board will review a complete application with all required documentation during its next scheduled meeting. Approval of licensure is at the Board's discretion.

- ❑ **ASWB EXAM SCORES:** If you have not taken the CSW exam thru ASWB, you will receive the exam approval letter with information after Board approval. All applicants are required to pass the Association of Social Workers Board (ASWB) national Clinical Social Work Examination. If you have taken the ASWB-CSW exam, please contact them at 1-888-579-3926 and have them certify your scores to Georgia.

- ❑ **DEGREE TRANSCRIPT:** All applicants for licensure must have earned a Master's degree in Social Work and graduated from an institution accredited by the Council on Social Work Education. An **official** college transcript certifying the grades, degree conferred and the date awarded must be received in this office directly from the Registrar of the college/school.

- ❑ **GEORGIA DOES NOT OFFER ENDORSEMENT OR RECIPROCITY LICENSURE FOR A SOCIAL WORK LICENSE:** If you have taken the Clinical Social Work exam thru ASWB, you would apply for license by exam waiver and request an official score transfer from ASWB. If you have not taken the Clinical Social Work exam thru ASWB, you would apply for license by exam.

- ❑ **OTHER STATE LICENSURE CERTIFICATION:** If you are currently, or have ever been licensed in another State(s) or jurisdiction, please have that/those State(s) or jurisdictions officially certify your license directly to the Georgia Board's office.

- ❑ **FORM B-DIRECTED EXPERIENCE FROM:** The director/employer must document the on-going administrative oversight of an employee or superior of a practitioner's work.

- ❑ **FORM C-SUPERVISION VERIFICATION FORM:** The supervisor must document the direct clinical review for the purpose of training or teaching of a Social Worker's interaction with a client(s). Documentation of having acquired 120 hours of supervision during the same period of directed experience.

- ❑ **REFERENCES:** Must have two (2) references by teachers or supervisors who are familiar with their experience in Social Work.

- ❑ **BACKGROUND INFORMATION:** Please provide details in a letter of explanation for any arrest or conviction; any plea of guilty, nolo contendere, or having been sentenced under the "First Offender Act" for any felony, misdemeanor or any offense other than a minor traffic violation. DWI or DUI are not minor traffic violations. Also, you must report any disciplinary action or investigation involving any professional license you may hold or have held, in any state, jurisdiction or territory, and, submit copies of the official court or other official document(s) which indicate the final disposition of any reported incidents as noted above. You are expected to read each question carefully and completely and to notify the Board of any changes in the background information you report on this application.

- ❑ **NAME CHANGE:** If your name has changed since you attended school, please make a note on the application advising of your former name(s) so we can match-up the documents with your application.

- ❑ Please review the Board Rules, which include licensure requirements, on the Board's website: www.sos.state.ga.us/plb/counselors .

- ❑ **IMPORTANT:** Applicants: please note when accessing your application status on our website under the *Online Services* tab's link, "*Check the Status of an Application",* that checklist items that indicate "completed" ***only means*** that those documents have been received. This tool is to be used as an option for you to monitor your application for items received as you are going through the licensure process.

  Only the Georgia Composite Board of Professional Counselors, Social Workers and Marriage & Family Therapists have the authority to approve or deny an application for licensure. Every application file must be submitted to the Board for review. The Board meets monthly to review applications and conduct other Board business. Once your application file has been reviewed by the Board, you will receive written communication of the Board's decision within five to ten business days following the Board meeting.

PLEASE DO NOT SUBMIT THESE INSTRUCTION PAGES WITH YOUR APPLICATION AND SUPPORTING DOCUMENTS

FOR BOARD USE ONLY
Amount Submitted _____
Date _____
Receipt # _____

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

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

237 Coliseum Drive • Macon, Georgia 31217 • (478) 207-2440

www.sos.state.ga.us/plb/counselors

APPLICATION FOR LICENSURE AS A CLINICAL SOCIAL WORKER

Application Fee $100 (NON-REFUNDABLE)

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

Applications valid for (1) one year

Additional License Types (currently or previously issued by *any* Georgia Professional Licensing Board): _____

Method Obtained by - Applicant is applying for above referenced license by:

( ) Examination

( ) Examination Waiver (**only** if you have already taken the Clinical exam thru ASWB)

Name _____

LAST FIRST MIDDLE

Legibly print your legal name (in order to be eligible to take the ASWB exam the name used on the license application must exactly match the name on the valid government issued I.D. used for identification of the ASWB exam.) Failure to comply with this will result in ASWB refusing test entrance to applicant.

Name as shown on exam records or transcripts (if different)

_____

LAST FIRST MIDDLE

***Social Security Number** _____/_____/_____ **Date of Birth** _____/_____/_____

*This information is authorized to be obtained & disclosed to State& Federal agencies pursuant to O.C.G.A.§19-11-1 & O.C.G.A.§20-3-295, 42 U.S.C.A. §551 & 20 U.S.C.A.§ 1001.

Physical Address _____

**Number and Street Apt. No City/State Zip

***(P.O. Box not acceptable* – If you are granted a license, your name, mailing address and license number are public information and your mailing address will appear on the internet. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change).**

Mailing Address _____

Number and Street Apt. No City/State Zip

_____ _____ Gender: _____ Male _____ Female

Telephone Number - Day Telephone Number - Night

***Email Address**_____

***(Acknowledgement of your application will be sent by e-mail. Also, if any additional information is needed, e-mail is the most efficient way for the Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change. YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY).**

PART II - PROFESSIONAL BACKGROUND – ALL APPLICANTS

ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS. IF "YES," TO 1 THROUGH 9, ATTACH A DETAILED LETTER OF EXPLANATION AND ALL SUPPORTING COURT OR OTHER DOCUMENTS.

❒ Yes ❒ No 1. Are you unable to practice safely as a result of use of alcohol or other drugs?

❒ Yes ❒ No 2. Have you been denied professional licensure or renewal because of a license disciplinary proceeding?

❒ Yes ❒ No 3. Have you ever had a license to practice social work, counseling, marriage and family therapy, or any other profession revoked, suspended or annulled or otherwise sanctioned, including by private order, by any board or agency in Georgia or any other state, territory, or country?

❒ Yes ❒ No 4. Have you been subject to disciplinary action or had your membership revoked by any professional organization?

❒ Yes ❒ No 5. Have you knowingly failed to renew a license during an investigation of a disciplinary matter against you?

❒ Yes ❒ No 6. To the best of your knowledge, is there any disciplinary action or investigation pending against you by any licensing board, agency, or professional organization?

❒ Yes ❒ No 7. Have you ever been convicted of any criminal offense?

❒ Yes ❒ No 8. Have you ever been arrested, charged or sentenced for the commission of a felony, misdemeanor (other than minor traffic or parking violations) or any crime of moral turpitude, including the entry of a plea of nolo contender or a plea entered pursuant to the provisions of the "Georgia First Offenders Act? You must respond, "yes" if you plead and completed probation as a First Offender. If yes, provide certified copies of the court disposition.

❒ Yes ❒ No 9. Have you been the defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded expenses?

❒ Yes ❒ No 10. Do you now hold or have you ever held a license as a social worker in any jurisdiction? If "yes" complete the following:

Jurisdiction _____ License No._____

Date Issued_____ Expiration _____

Please request each licensing board submit verification of license to Georgia

❒ Yes ❒ No 11. Have you previously applied for the same license for which you are currently applying? If "yes" name under which application was submitted:_____

❒ Yes ❒ No 12. Did you receive a Master's Degree in Social Work (MSW) from a Council on Social Work Education (CSWE) accredited school? Date Degree Received _____

Name of School _____

❒ Yes ❒ No 13. Did you complete a practicum or internship as part of your MSW Degree Program?

❒ Yes ❒ No 14. Have you ever served on active duty in the Armed Forces, the Reserves or the National Guard during wartime or during any conflict when military personnel were committed by the President? If "Yes," you may be eligible for Veterans' Preference Points to be added to your examination score. Submit your DD214 Form to the Board office.

PART III - EXAMINATION WAIVER – ONLY APPLICANTS FOR WAIVER
EXAM TAKEN: I have taken and passed the **Clinical Social Work** Exam; Date Taken: _____
COPY OF SCORE: ❒ I have requested that ASWB submit my score directly to the Board Office.

PART IV - SOCIAL WORK EXPERIENCE – EXAMINATION & EXAMINATION WAIVER APPLICANTS
❒ Yes ❒ No Do you have an earned Master's Degree in Social Work (MSW) from a program in a school accredited by the Council on Social Work Education (CSWE) in which candidacy, conditional or accreditation status was in effect when the degree was awarded?
❒ Yes ❒ No Did you complete a practicum or internship as part of your MSW Degree Program?
❒ Yes ❒ No Do you have three (3) years of full-time experience in the practice of Clinical Social Work?
❒ Yes ❒ No Do you have two (2) years of full time experience in the practice of Clinical Social Work?
❒ Yes ❒ No Do you have a Doctoral Degree in: ❒ Professional Counseling, ❒Social Work, ❒Marriage and Family Therapy, ❒Medicine, ❒Psychiatric Nursing, ❒Applied Psychology, ❒Pastoral Counseling or ❒Applied Child and Family Development which you want the Board to consider in lieu of the required years of supervised Clinical Social Work?
❒ Yes ❒ No Have you obtained at least one (1) year of full time experience in the 36-month period prior to your Application?
❒ Yes ❒ No Have you obtained eighteen (18) hours of Continuing Education during the last twelve (12) months that conforms to Board Rule Chapter 135-9-.01?

PART V - DIRECTED EXPERIENCE – EXAMINATION & EXAMINATION WAIVER APPLICATIONS
■ List the name(s) of the Director(s) under whom you fulfilled the experience requirement for licensure and include the date(s) of employment. ■ Have each Director complete a separate Form B — Professional Experience Verification Form to demonstrate that you meet the minimum experience requirement for licensure. ■ See Board Rule Chapter 135-5-.04(5).
❒ **I hold a Master's Degree in Social Work <u>AND</u> a Doctoral Degree in:** Professional Counseling, Social Work, Marriage and Family Therapy, Medicine, Psychiatric Nursing, Applied Psychology, Pastoral Counseling or Applied Child and Family Development. My degree program included a Supervised Clinical Internship and **I wish to substitute this for one (1) year of supervision**.

1. NAME OF DIRECTOR:		
DATES OF EMPLOYMENT	FROM:	TO:
2. NAME OF DIRECTOR:		
DATES OF EMPLOYMENT	FROM:	TO:
3. NAME OF DIRECTOR:		
DATES OF EMPLOYMENT:	FROM:	TO:

PART VI –SUPERVISION – EXAMINATION & EXAMINATION WAIVER APPLICANTS		
INSTRUCTIONS: ■ List the name(s) of the Supervisor(s) under whom you fulfilled the experience requirement for licensure and include the date(s) of employment and check applicable period below. ■ Have each Supervisor complete a separate Form C — Professional Experience Supervision Verification Form to demonstrate that you meet the minimum experience requirement for licensure. ■ See Board Rule Chapter 135-5-.04(5)		
NAME OF SUPERVISOR:		
DATES OF SUPERVISION	FROM:	TO:
NAME OF SUPERVISOR:		
DATES OF SUPERVISION	FROM:	TO:
NAME OF SUPERVISOR:		
DATES OF SUPERVISION	FROM:	TO:

PART VII – EDUCATION – EXAMINATION & EXAMINATION WAIVER APPLICANTS
NAME OF COLLEGE/UNIVERSITY WHERE YOU OBTAINED YOUR MASTER'S IN SOCIAL WORK: _____ _____ ❒ I have completed and requested an official transcript showing degree and date awarded.

APPLICANT SIGNATURE & AFFIDAVIT

YOU MUST SIGN THIS AFFIDAVIT IN THE PRESENCE OF A NOTARY

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia Composite Board of Professional Counselors, Social Workers and Marriage & Family Therapists, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on pages 8 & 9 of this application.**

2) _____ I am **not** a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number (See pages 8 & 9 of this application).**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia Composite Board of Professional Counselors, Social Workers and Marriage & Family Therapists and/or criminal prosecution.

_____ _____

Signature of Applicant Date

Sworn to and subscribed before me this

_____ day of _____ 20_____

_____ (Notary Seal)

Notary Public Signature

My Commission Expires: _____

NOTE to NOTARY: Application must be signed with Proper ID.

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

_____ **CSW Applicant**

Printed Name

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "not later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

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 CLINICAL SOCIAL WORKER LICENSURE
SOCIAL WORK DIRECTED EXPERIENCE VERIFICATION FORM - FORM B

- APPLICANT – Complete Part I and forward this form to the agency or organization in which you completed your directed experience practicing Social Work.
- 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

NAME OF APPLICANT: _____
First Middle Last (Maiden)

SOCIAL SECURITY NUMBER: _____/_____/_____

This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. 19-11-1 and O.C.G.A. 20-3-295, 42 U.S.C.A. 551 and 20 U.S.C.A. 1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.

PART II – AGENCY OR ORGANIZATION

INSTRUCTIONS:

- "Direction" means the on-going administrative oversight of an employer or superior of a practitioner's work. (**Unpaid or Volunteer experiences are <u>NOT</u> acceptable in meeting the directed work experience requirement**).

CERTIFICATION

I CERTIFY THAT THE ABOVE-NAMED INDIVIDUAL PRACTICED SOCIAL WORK AT:

_____
(Name of Agency or Organization)

Address: _____
Street City State Zip Code

From: _____ To: _____ For _____Hours Per Week.
(MUST DOCUMENT DATE - DO NOT USE "PRESENT")

Total Number of Hours: _____

_____ _____
Date Signature of Director or Authorized Person

_____ _____
Name of Agency or Organization Printed Name of Director or Authorized Person Above

_____
Title/Position

_____
Street Address

_____
City State Zip Code

Telephone: ( ) Fax: ( )

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 CLINICAL SOCIAL WORK LICENSURE
SOCIAL WORK SUPERVISION VERIFICATION FORM - FORM C

INSTRUCTIONS: Please print or type.

APPLICANT

- **Complete Part I** and forward this form to each supervisor from the organization or agency in which you completed your directed experience practicing Social Work. Complete a separate form for each Directed Experience Supervisor listed in your application. Use this form to only verify Social Worker supervision.
- If you need additional forms, you may photocopy this form.
- **Please do not submit supervision logs unless directly requested by the Board.**

DIRECTED EXPERIENCE SUPERVISOR

- The Directed Experience Supervisor must Complete Part II and return it to the Applicant for inclusion with the Application for licensure.
- "Supervision" means the direct clinical review by a Supervisor for the purpose of training or teaching of a Social Worker's interaction with a client.

PART I - APPLICANT

NAME OF APPLICANT: _____
First Middle Last Maiden

SOCIAL SECURITY NUMBER:

PART II - DIRECTED EXPERIENCE SUPERVISOR

I HEREBY CERTIFY THAT I SUPERVISED THE ABOVE-NAMED INDIVIDUAL IN THE PRACTICE OF SOCIAL WORK AS FOLLOWS:

INDIVIDUAL SUPERVISION:

Total Hours:	Hours Per Week:	From:	To:

GROUP SUPERVISION:

Total Hours:	Hours Per Week:	From:	To:

DESCRIPTION OF PRACTICE SUPERVISED:

I attest that I served as this Applicant's Directed Experience Supervisor, as defined above, that this description is a true and accurate representation of my supervision of this Applicant, and I:
❒ Recommend ❒ Do Not Recommend this Applicant for licensure.

_____ _____
Date Signature of Directed Experience Supervisor

Years of Experience After License Issued:	Printed Name:

Address: _____
Street City State Zip Code

Telephone #: ( )	Fax #: ( )

License Type:	License #:	State:	Original Licensure Issue Date:	Exp. Date:

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 CLINICAL SOCIAL WORKER LICENSURE
PERSONAL REFERENCE FORM
FORM D

INSTRUCTIONS: Please type or print legibly.

- Applicants must have references from **two (2) teachers or supervisors** who are familiar with their experience in Social Work.
- **APPLICANT** - Complete Part I, give this form to your references with an envelope addressed to yourself. Retrieve the completed form from your reference for inclusion with your application.
- **REFERENCE** - Complete Part II, enclose this form in the envelope provided to you by the applicant, seal the envelope, sign your name across the envelope flap and return it to the applicant.
  The Board assumes that in recommending this applicant, references will interpret or substantiate to the Board your recommendation if the Board needs to contact you at a later date.

PART I - APPLICANT

Name:

PART II - REFERENCE

Name:

Address:_____

Day Phone: ( ) | Other Phone: ( )

Relationship to Applicant: ❒ Teacher ❒ Supervisor

Dates of Teaching/Supervisory Relationship: FROM:_____TO:_____
Month/Day/Year Month/Day/Year

PROFESSIONAL POSITION WHEN TEACHING OR SUPERVISING APPLICANT:
Title:_____
Agency/Institution:_____
Address:_____

RECOMMENDATION: I ❒ Recommend ❒ Do Not Recommend the Applicant for licensure.

ADDITIONAL COMMENTS:
[Please write any comments that would assist the Board in making a decision on this Applicant for licensure.]

_____
Date Signature of Reference

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 CLINICAL SOCIAL WORKER LICENSURE
PERSONAL REFERENCE FORM
FORM D

INSTRUCTIONS:

- Please type or print legibly.
- Applicants must have references from **two (2) teachers or supervisors** who are familiar with their experience in Social Work.
- **APPLICANT** - Complete Part I, give this form to your references with an envelope addressed to yourself. Retrieve the completed form from your reference for inclusion with your application.
- **REFERENCE** - Complete Part II, enclose this form in the envelope provided to you by the applicant, seal the envelope, sign your name across the envelope flap and return it to the applicant.
  The Board assumes that in recommending this applicant, references will interpret or substantiate to the Board your recommendation if the Board needs to contact you at a later date.

PART I - APPLICANT

Name:

PART II - REFERENCE

Name:

Address:_____

Day Phone: ( ) | Other Phone: ( )

Relationship to Applicant: ❒ Teacher ❒ Supervisor

Dates of Teaching/Supervisory Relationship: FROM:_____TO:_____
Month/Day/Year Month/Day/Year

PROFESSIONAL POSITION WHEN TEACHING OR SUPERVISING APPLICANT:
Title:_____
Agency/Institution:_____
Address:_____

RECOMMENDATION: I ❒ Recommend ❒ Do Not Recommend the Applicant for licensure.

ADDITIONAL COMMENTS:
[Please write any comments that would assist the Board in making a decision on this Applicant for licensure.]

_____
Date Signature of Reference

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

CLINICAL SOCIAL WORKER
DIRECTED EXPERIENCE - MISSING OR DECEASED SUPERVISOR AFFIDAVIT
FORM E

INSTRUCTIONS:

- Please type or print clearly.

The Directed Experience Supervisor must be:

APPLICANT:

- Make every effort to locate the as many of the supervisors of Directed Experience as necessary to document the required Directed Experience.
- You may show your diligence with returned mail, copies of letters, verifications from your academic institution, etc.
- If, however, you have obtained sufficient directed experience to meet licensure requirements, but after a diligent search you are unable to locate enough Supervisors to document the required time, you may attest to undocumented Directed Experience by taking the Oath below.
- The Board may require additional information upon review.

PART I - APPLICANT

NAME:_____ SOCIAL SECURITY NUMBER: _____

PART II - OATH

Under penalty of perjury, as provided in the Official Code of Georgia Annotated, I hereby aver and swear that I was unsuccessful, after I made a diligent effort, to locate:

Name of Supervisor:_____

who served as my supervisor while I worked under the direction of: _____

Name of Director

at:_____

Name of Agency or Organization Address City State ZIp

and that this supervisor has the following credentials:

License Type: ❒ Professional Counselor ❒ Clinical Social Worker ❒ Marriage and Family Therapist ❒ Psychologist
❒ Psychiatrist ❒ Member of the Academy of Certified Social Workers
❒ Earned an MSW from a CSWE-accredited program

License #: _____ State:_____ Date Issued:_____ Expir. Date: _____ Years of Practice After Licensed:____

The supervision of my Social Work Practice was provided during the following 12-month period/s:

YEAR 1 OR PART THEREOF	FROM:	TO:	TOTAL HOURS:
YEAR 2 OR PART THEREOF	FROM:	TO:	TOTAL HOURS:
YEAR 3 OR PART THEREOF	FROM:	TO:	TOTAL HOURS:
YEAR 4 OR PART THEREOF	FROM:	TO:	TOTAL HOURS:

_____ _____

Date Signature of Applicant

Sworn to and subscribed before me this

_____day of _____, _____.

_____

Notary Public

My Commission Expires:_____ NOTARY SEAL