

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

APPLICATION FOR PROFESSIONAL COUNSELOR  
LICENSURE BY  
EXAMINATION, EXAMINATION WAIVER  
OR ENDORSEMENT



Cathy Cox  
Secretary of State

Mollie Fleeman  
Division Director



**Secretary of State**  
**Professional Licensing Boards Division**  
**237 Coliseum Drive**  
**Macon, Georgia 31217-3858**  
**(478) 207-1300**

**Cathy Cox**  
SECRETARY OF STATE  
[www.sos.state.ga.us](http://www.sos.state.ga.us)

**Mollie L. Fleeman**  
DIVISION DIRECTOR  
Professional Licensing Boards  
478-207-1670\*\*478-207-1676 Fax

Dear Associate and/or Licensed Professional Counselor Applicant:

It is with great pleasure that we provide you with application information about APC/LPC licensure requirements for practice in Georgia. If you have questions after careful review of the information, we invite you to give the office a call at 478-207-1670. Georgia is a wonderful state in which to live and work and we wish you great success as you make your career plans.

Because of the tremendous volume of applications received in our office, it takes approximately four to six weeks from the date the application is received by the Professional Licensing Boards for the applications specialist to review the contents of the application. In order to ensure fairness to all applicants involved, the applications are reviewed *in the order received without exception*.

In addition, the Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists actually invests the time to *personally* review each application. The Board only meets one day each month and therefore, it is vital that you submit a **complete and accurate application along with all required supporting documents**.

Review and approval of applications is only one of the Board's responsibilities. The Board frequently has several licensees scheduled for personal appearances or the Board attorney for consultation and legal advice on complex issues. The Board also has as a frequent agenda item, the review and discussion of new or revised Board rules. Many times the Board is given a limited timeframe to accomplish work requested by other state agencies or the Secretary of State, as well as requests from many others. Please keep this in mind as you make personal commitments for testing dates, interviews, or work assignments. It is a good rule of thumb to allow two Board meetings for review of your documents. Give yourself plenty of time to ensure you receive Board approval for testing or licensure at the time you need it.

Please also keep in mind that all applications and supporting documents can be downloaded from the web site, [www.sos.state.ga.us/plb/counselors](http://www.sos.state.ga.us/plb/counselors). One click is all it takes and your consistent use of the web site for needed documents means the applications specialists will have more time for processing of applications for Board review. The law and rules of the Composite Board are also available at the web site. If you need access to a computer you have excellent resources in your public libraries and libraries associated with schools and universities, as well as commercial copying establishments. Board staff is also available for questions and assistance and can be reached at 478-207-1670.

Sincerely,

Lee H. Tracy  
Executive Director  
Health and Consumer Services

**\*\*PLEASE REVIEW THESE INSTRUCTIONS BEFORE YOU PROCEED\*\***

**APPLICATION FOR PROFESSIONAL COUNSELOR LICENSURE  
BY EXAMINATION, EXAMINATION WAIVER AND ENDORSEMENT/  
REINSTATEMENT (LICENSE LAPSED GREATER THAN 12 MONTHS)**

**\*\*\* GENERAL INSTRUCTIONS \*\*\***

**COMPLETE APPLICATION MATERIALS INCLUDE::**

- General Instructions
- Fee Schedule – **Application fees are non-refundable.**
- Application for Professional Counselor Licensure.
- Practicum/Internship Supervision Verification – Form A.
- Practicum/Internship - Missing or Deceased Supervisor Affidavit - Form B
- Post-Master's Directed Experience Verification - Form C.
- Post-Master's Directed Experience - Missing or Deceased Director Affidavit - Form D
- Post-Master's Directed Experience - Supervision Verification - Form E. This form has 2 pages.
- Post-Master's Directed Experience - Missing or Deceased Supervisor Affidavit - Form F
- Personal Reference Form – Form G
- Licensure By Endorsement Information Verification - Form N
- Georgia Laws/Rules may be obtained at our website [www.sos.state.ga.us/plb/counselors](http://www.sos.state.ga.us/plb/counselors)

**COMPLETE APPLICATIONS:**

- The Board reviews only complete applications with all required information and application materials received by the deadline date.
- You are responsible for ensuring that your file is complete. There are no exceptions!
- The Board must have received all the supporting documents which you have listed or checked on your application that you are using to satisfy the licensure requirements, e.g. Practicum/Internship, transcripts, directed experience and supervision.
- **List on the application only the name(s) of employer(s) and supervisors who will submit document in support of your application.**
- A file which is not complete will be closed one year from the date the application was received in the Board office.

**APPLICANT FILE:**

- The Board staff will open your file as soon as the first document is received in this office.
- Official transcripts must be sent directly to the Board office from the school.
- Student-issued transcripts are not acceptable.
- Ask the Registrar to provide you with a verification that the transcript has been sent.
- A resume or faxed application is not acceptable.

**APPLICATIONS REVIEW:**

- The Professional Counselors Standards Committee reviews applications and makes recommendations to the full Board.
- The Board meets the second Friday of each month.
- **You will be notified within 10 – 12 working days, in writing, of the Board's decision.**

### DENIED/DISAPPROVED APPLICATIONS

- If your application is denied, you will receive a reason for the denial. Within sixty (60) days of the date of that letter, you may submit a written appeal of the Board's decision. You should enclose additional evidence [documentation] to support your qualifications, if you wish the Board to reconsider the denial of your application. You may request, in writing, to meet with the Board. If you do, an appointment will be scheduled.
- If the Board reviews your application again and denies it, the application file will be closed.
- If you do not petition the Board to re-evaluate your application within the 60-day period, your application file will be closed. Any subsequent request for licensure will require submission of a new application, documents and the required fee.

### LICENSURE BY ENDORSEMENT

The Board reviews applications for licensure by endorsement/reciprocity on a case-by-case basis. You must be currently licensed in a jurisdiction whose current laws are substantially equal to Georgia. If you apply for endorsement, you may also apply for licensure by Examination if you have taken and passed the NBCC Examination. You need not re-take the NBCC. Upon your written request, your fee will be applied to the examination application. You must provide an official passing grade letter from NBCC.

**REINSTATEMENT (LICENSE LAPSED GREATER THAN 12 MONTHS)** — You must meet the licensure requirements, and re-take the examination, if approved.

### COMPLETING FORMS

- Provide only requested information. If the Board requires additional information, you will be notified in writing.
- All forms must be typed or legibly printed, filled out completely and, when required, notarized.
- Use only the forms provided by the Board.

**NAME(S)**: If some of your records are in different names, please notify the Board.

**APPLICATION MATERIALS**: **Except for your transcripts which must be sent directly from the academic institution(s) to the Board at the above address, all other forms, properly notarized and signed, should be included with your Application.** Note that certain forms must be placed in a sealed envelope with the appropriate signature over the envelope flap and returned to you for inclusion with your application materials.

**DISABILITY ACCOMMODATION**: If you have a disability and may require accommodation, you must contact the Board to obtain the form, "Request for Disability Guidelines." All application materials, including the information requested in the "Guidelines," must be received by the Board office by the application deadline.

**VETERANS**: If you have 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, you may be eligible for Veterans' Preference Points to be added to your examination scores. Submit a copy of your DD 214 form with your application.

**YOUR COPY**: Keep a complete copy of your application materials, except those under seal.

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 237 Coliseum Drive, Macon, Georgia 31217-3858  
 (478) 207-1670 (Telephone) \* (478) 207-1676 (Fax)] [www.sos.state.ga.us/plb/counselors](http://www.sos.state.ga.us/plb/counselors)

FEE SCHEDULE

APPLICATION FEE FOR LICENSURE BY EXAMINATION

■ Licensed Professional Counselor [LPC] - \$100 APPLICATION - \$80 EXAMINATION FEE	\$180.00
■ Associate Licensed Professional Counselor [ALPC] - \$100 APPLICATION - \$80 EXAMINATION FEE	\$180.00
■ Licensed Master Social Worker [LMSW] - Application Fee	\$100.00
■ Clinical Social Worker [CSW] - Application Fee	\$100.00
■ Marriage and Family Therapist [MFT] – Application Fee	\$100.00
■ Upon approval by Board, make examination fee payable and mail to: “PES”.	\$295.00
■ Associate Marriage and Family Therapist [AMFT] – Application Fee	\$100.00
■ Upon approval by Board, make examination fee payable and mail to: “PES”	\$295.00

APPLICATION FEE WHERE EXAMINATION HAS BEEN TAKEN AND PASSED [EXAMINATION WAIVER]

■ This fee is for applicants who have passed the examination and will not re-take that examination [e.g., NBCC-Certified LPC and ALPC applicants, LAMFT applicants for MFT licensure, LMSW ].	\$100.00
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APPLICATION FEE FOR LICENSURE BY ENDORSEMENT

This fee is for applicants who are licensed in other states who apply for Georgia licensure based upon that credential. **(NOT APPLICABLE TO SOCIAL WORKERS)**

\$100.00

RE-EXAMINATION FEE

■ Licensed Professional Counselor	\$ 80.00
■ Marriage and Family Therapist – Paid directly to PES	\$295.00

BIENNIAL RENEWAL FEE

■ 2 year license; expires September 30 of even years.	\$100.00
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LATE RENEWAL FEE

■ Biennial renewal fee of \$100.00 and Surcharge of \$50.00 for late renewal between July 1 and December 31 of even year	\$150.00
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REINSTATEMENT FEE

\$200.00

APPLICATION FEE FOR INACTIVE STATUS

NONE

APPLICATION FEE FOR RE-ACTIVATION OF LICENSE

\$150.00

DECORATIVE WALL CERTIFICATE FEE

■ As of July 1, 2001, there will be an additional charge for a decorative Wall Certificate that is suitable for framing. Submit a <b>separate</b> cashier’s check or money order made payable to the “Georgia Composite Board of PC, SW and MFT.” (NOTE: Assoc. Professional Counselors and Assoc. Marriage and Family Therapists are not eligible for wall certificates)	\$ 50.00
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LICENSURE VERIFICATION FEE

\$ 25.00

PRIOR APPROVAL PROVIDER APPLICATION FOR MFT COURSE (PER COURSE)

\$100.00

COURSE RENEWAL FEE (PER COURSE)

\$ 50.00

DUPLICATE BIENNIAL LICENSE CARD FEE

■ For licensees who have lost, misplaced, or changed name since the issuance of the original biennial license	\$ 25.00
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NOTE:

- Please make all checks or money orders payable to the “Georgia Composite Board of PC, SW and MFT,” except as noted above for LMSW, CSW, AMFT and MFT applications.
- **Application fees are non-refundable. Checks returned for insufficient funds will be assessed a \$30 service charge pursuant to O.C.G.A. § 16-9-20.**
- Examination fees are refundable. Any request for a refund must be submitted in writing.

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APPLICATION FOR PROFESSIONAL COUNSELOR LICENSURE  
BY EXAMINATION, EXAMINATION WAIVER AND ENDORSEMENT/RECIPROCITY /  
REINSTATEMENT (LICENSE LAPSED GREATER THAN 12 MONTHS)

INSTRUCTIONS: **NO FAXED FORMS ACCEPTED.**

- Please type or print clearly.
- Refer to General Information.
- **APPLY FOR LICENSURE BY EXAMINATION:** If you have met licensure requirements in effect at the time the application is received by the Board office and intend to take the Examination, if approved, complete Parts I, II, IV, V and VI of the Application.
- **APPLY FOR LICENSURE BY EXAMINATION WAIVER:** If you meet all licensure requirements and have taken and passed the NBCC Examination **OR** You hold an Associate Professional Counselor License, have taken and passed the NBCC Examination and completed your Directed Experience in accordance with your Contract, complete Parts I, II, IV, V and VI of the Application **and** submit an official passing grade letter from NBCC to the Board office, if it is not already on file.
- **APPLY FOR LICENSURE BY ENDORSEMENT:** If you are licensed in another state which has laws and rules substantially equal to or greater than the laws and rules of Georgia for licensure of professional counselors, and which has been approved by the Board for endorsement licensure, complete Parts I, II, III, VI of the Application and Form N. **Approved states are AL, AR, KY, LA, ME, MD, NE, OH, and OK.**
- **REINSTATEMENT (LICENSE LAPSED GREATER THAN 12 MONTHS)** — You must meet the licensure requirements, and re-take the examination, if approved.
- Attach Fee. Refer to Fee Schedule. **Application fee is non-refundable.**

0 CHECK ONE - APPLICATION BY:  EXAMINATION  
 EXAMINATION WAIVER  
 ENDORSEMENT - STATE OF: \_\_\_\_\_

PART I - PERSONAL INFORMATION

NAME: \_\_\_\_\_  
First Last Middle Maiden

HOME ADDRESS: \_\_\_\_\_  
Street (P.O. Box not acceptable) City State

MAILING ADDRESS IF  
DIFFERENT THAN STREET ADDRESS: \_\_\_\_\_  
Street, P.O. Box City State Zip Code

BUSINESS ADDRESS: \_\_\_\_\_  
Street City State Zip Code

PREFERRED MAILING ADDRESS:  HOME  BUSINESS  
HOME PHONE: ( ) BUSINESS PHONE: ( ) FAX: ( )

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
Month/Day/Year [Optional: For Identification, Law Enforcement, Statistical and Administrative Purposes]

PART II - PROFESSIONAL BACKGROUND

PROFESSIONAL BACKGROUND: ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS. IF "YES," TO 1 THROUGH 9, ATTACH A DETAILED EXPLANATION.

- 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 contendere 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 \_\_\_\_\_
- 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. 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 - APPLICANTS FOR LICENSURE BY ENDORSEMENT/RECIPROACITY

INSTRUCTIONS:

The Board may license without examination any Professional Counselor currently licensed in another jurisdiction **so long as that jurisdiction's requirements for licensure are substantially equal to those of Georgia.**

- I currently hold License # \_\_\_\_\_ from the State of \_\_\_\_\_ which was issued on \_\_\_\_\_.
- I have provided verification of this license to the Board by completing **Form N** and requesting that the above-referenced state return that Form to the Board office.

**PART IV - GRADUATE EDUCATION**

**INSTRUCTIONS:**

- Complete this part for the graduate degree that you want the Board to consider as part of this application.
- List any additional courses you want considered as part of this Application.
- Direct the Registrar of your institution(s) to send an official copy of your transcript directly to the Board office.

**DEGREE**

Ph.D.     
  Master's - Specialist     
  Master's     
  Master's - Rehabilitation Counseling

Date Awarded:

Program/Major:

Name of Institution:

Street Address:

City/State/Zip:

**ADDITIONAL COURSEWORK**

COURSE TITLE AND NUMBER	INSTITUTION

**REQUIRED COURSEWORK**

**INSTRUCTIONS:**

- List the titles and numbers of courses from your transcript(s) which satisfy the professional counseling content area requirements.
- This must be graduate level coursework from an accredited institution, **either as part of the degree program, or as additional coursework completed prior to, during or after the degree program** to demonstrate that the degree is **primarily counseling in content or a program in applied psychology.**
- Have the Instructor of Record/Supervisor of your Practicum/Internship course complete Form A.
- See Board Rule Chapter 135-5-.02(b)

**COUNSELING PSYCHOTHERAPY THEORY**

INSTITUTION	COURSE #	COURSE TITLE

**COUNSELING OR APPLIED PSYCHOLOGY PRACTICUM OR INTERNSHIP**


SIX (6) OF THE FOLLOWING EIGHT (9) CONTENT AREAS

***I - HUMAN GROWTH AND DEVELOPMENT***


***II - SOCIAL AND CULTURAL FOUNDATIONS OR CORE FOUNDATIONS***


***III - THE HELPING RELATIONSHIP OR ADVANCED PSYCHOTHERAPY/INTERVENTION THEORY***


***IV - GROUP DYNAMICS AND GROUP COUNSELING/PSYCHOTHERAPY***


***VI - LIFESTYLE AND CAREER DEVELOPMENT***


***VI - APPRAISAL/ASSESSMENT OF INDIVIDUALS***


***VII - RESEARCH METHODS AND EVALUATION OR RESEARCH STATISTICS***


***VIII - PROFESSIONAL ORIENTATION***


***IX PSYCHOPATHOLOGY***


**PART V - POST-MASTER'S DIRECTED EXPERIENCE UNDER SUPERVISION**

**INSTRUCTIONS:**

- The number of years of Post-Master's Directed Experience under Supervision required for licensure as a Professional Counselor **depends on the graduate degree that you hold**. See Board Rule 135-5-.02(b) 2.
- **List only the name(s) and address(es) of the Director(s) and Supervisor(s) whose time you will use to fill the Directed Experience and Supervision requirement for licensure.**
- **Supervision must be for the same 12-month period as the Directed Experience.**
- Have each Director complete a separate Form C.

- Have each Supervisor complete a separate Form E.
- If your Director is missing or deceased, complete Form D.
- If your Supervisor is missing or deceased, complete Form F.

DEGREE:  Ph.D.  Master's Specialist  Master's  Rehabilitation Counseling

**DIRECTOR(S)**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SUPERVISOR(S)**

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PART VI - OATH**

I, the undersigned Applicant, do hereby affirm under penalty of perjury that all statements made and information contained in this Application are true and correct to the best of my knowledge and belief. I acknowledge that I may be required to furnish additional information promptly in order for this Application to be processed.

\_\_\_\_\_  
 Date \_\_\_\_\_ Signature of Applicant  
 Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public  
 My Commission Expires: \_\_\_\_\_ NOTARY SEAL

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PROFESSIONAL COUNSELOR  
PRACTICUM/INTERNSHIP SUPERVISION VERIFICATION — FORM A

**INSTRUCTIONS:** Please type or print clearly.

**APPLICANTS: NO FAXED FORMS ACCEPTED.**

- Complete Part I and submit to your Practicum/Internship Supervisor. See Board Rule Chapter 135-5-.02(a)5.
- If you have more than one practicum or internship, submit a form for each. You may photocopy this form.

**PRACTICUM/INTERNSHIP SUPERVISOR:**

Complete Part II, noting requirements. Please enclose this form in a sealed envelope. Sign your name over the flap and then either mail it to the applicant or send it directly to the Board office. Fax copies are not acceptable.

**The Practicum/Internship must:**

- Be part of the master's degree program. ■ Be in Professional Counseling or in applied psychology before January 1, 2004
- Include a minimum of 300 hours in the practice of Professional Counseling under supervision.

**The Practicum/Internship Supervisor must:**

- **Be the Instructor of Record at the college or university or the Site Supervisor; and**
- Be licensed — as a Professional Counselor, Clinical Social Worker, Marriage and Family Therapist, Psychologist, Psychiatrist — or be a Certified Rehabilitation Counselor. See Board Rule Chapter 135-5-1(a) 5 for further details.

PART I - APPLICANT

NAME:

SOCIAL SECURITY NUMBER:

PART II — SUPERVISOR

NAME:

ADDRESS:

Street

City

State

Zip Code

TELEPHONE: ( )

FAX: ( )

TYPE OF LICENSE:

Professional Counselor

Clinical Social Worker

Marriage and Family Therapist

Psychologist

Psychiatrist

Certified Rehabilitation Counselor

LICENSE #:

STATE:

DATE ISSUED:

EXP. DATE:

**CERTIFICATION OF SUPERVISION:**

I hereby certify that I supervised the Internship/Practicum of the above-named applicant who practiced Professional Counseling work at:

NAME OF PRACTICUM/INTERNSHIP SITE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO \_\_\_\_\_ FOR A TOTAL OF \_\_\_\_\_ HOURS.

MONTH/YEAR

MONTH/YEAR

# HOURS

DESCRIBE THE PRACTICE SUPERVISED: \_\_\_\_\_

**VERIFICATION:** I attest that I provided the supervision described above and that this is a true and accurate representation of this supervision.

Date

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Supervisor/Instructor of Record

Notary Public

My Commission Expires:

NOTARY SEAL

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PROFESSIONAL COUNSELOR  
PRACTICUM/INTERNSHIP - MISSING OR DECEASED SUPERVISOR AFFIDAVIT  
FORM B

INSTRUCTIONS: Please type or print clearly.

**APPLICANTS: NO FAXED FORMS ACCEPTED.**

- Make every effort to locate the supervisor(s)/instructor of record as necessary to document the required Practicum/Internship Experience.
- You may show your diligence with returned mail, copies of letters, verifications from your academic institution, etc.
- If, however, after a diligent search you are unable to locate the supervisor(s), you may attest to undocumented supervision of practicum/internship by taking the Oath below.
- The Board may require additional information upon review.

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 Practicum/Internship Supervisor in the practice of Professional Counseling

during the period of : \_\_\_\_\_ to \_\_\_\_\_  
Month/Year Month/Year

and during that period he/she was licensed as a:  Professional Counselor  
 Clinical Social Worker  
 Marriage and Family Therapist  
 Psychologist  
 Psychiatrist  
 Certified Rehabilitation Counselor

License Number: \_\_\_\_\_ In the State of : \_\_\_\_\_

I have attached copies of letters and/or returned mail that demonstrates my attempt/s to reach this supervisor.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires:

NOTARY SEAL

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**PROFESSIONAL COUNSELOR  
 POST-MASTER'S DIRECTED EXPERIENCE VERIFICATION - FORM C**

INSTRUCTIONS: ■ Please type or print clearly. ■ See Board Rule Chapter 135-5-.02(a) 3 and 6.

**APPLICANTS: NO FAXED FORMS ACCEPTED.**

- Complete Part I and submit to your employer or supervisor in the employment chain of command where you have done your post-master's directed experience. If you have more than one work setting under which you completed your directed experience, submit additional forms. This form may be photocopied.

**EMPLOYER/DIRECTOR:**

- Complete Part II, noting requirements. Please enclose this form in a sealed envelope. Sign your name over the flap and then either mail it to the Applicant or send it directly to the Board office. Faxed copies are not acceptable.

**The Director must be:**

- Either the employer **or** the supervisor in the employment chain of command.
- Located at the same site where the experience is being acquired.

**The Directed Experience Must Be:**

- A minimum of 600 hours during a **[consecutive] 12-month period.** ■ In the practice of Professional Counseling.
- In a work setting acceptable to the Board.

If the directed experience does not qualify for a full year's credit, indicate the number of hours you can certify during the 12-month period. **If directed experience dates and supervision dates on Form E do not match Board will deny file.**

PART I - APPLICANT

NAME:

SOCIAL SECURITY NUMBER:

PART II - DIRECTOR

NAME:

TITLE/POSITION:

NAME OF AGENCY/ORGANIZATION:

ADDRESS:

Street

City

State

Zip Code

TELEPHONE: (    )

FAX: (    )

**CERTIFICATION OF DIRECTED EXPERIENCE:** I hereby certify that the above-named Applicant practiced Professional Counseling work at the above-named Agency/Organization 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:

**VERIFICATION:** I, the undersigned Director or authorized representative attest that the directed experience certified above for the above-referenced Applicant was provided by the above-named agency/organization and that this is a true and accurate representation of that directed experience.

Date

Signature of Director or Authorized Representative

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public

My Commission Expires: \_\_\_\_\_

NOTARY SEAL

GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS,  
SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS  
237 Coliseum Drive  
Macon, Georgia 31217-3858  
(478) 207-1670 (Telephone) \* (478) 207-1676 (Fax)  
[www.sos.state.ga.us/plb/counselors](http://www.sos.state.ga.us/plb/counselors)

PROFESSIONAL COUNSELOR POST-MASTER'S DIRECTED EXPERIENCE  
MISSING OR DECEASED DIRECTOR AFFIDAVIT - FORM D

**INSTRUCTIONS: NO FAXED FORMS ACCEPTED.**

- Please type or print clearly.
- Post-Master's directed experience may have been obtained at any time during your professional career. The directed experience documented for your licensure application need not necessarily be from the Director(s) who provided your original experience. Recent directed experience may be used, as long as it meets the standards set out in the Rules for Professional Counselors. See Board Rule Chapter 135-5-.02 (a).

**The Director must be:**

- Either the employer **or** the supervisor in the employment chain of command.
- Located at the same site where the experience is being acquired.

**APPLICANTS:**

- Make every effort to locate the as many of the directors 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 Directors 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.

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 Director: \_\_\_\_\_

who served as my Director of directed experience in the practice of Professional Counseling at:

\_\_\_\_\_  
Name and Address of Agency or Organization

from : \_\_\_\_\_ to \_\_\_\_\_ totaling \_\_\_\_\_ years/s on the time basis of \_\_\_\_\_ hours/week.  
Month/Year Month/Year

I have attached copies of letters and/or returned mail that demonstrates my attempt/s to reach this individual..

\_\_\_\_\_  
Date  
Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Notary Public  
My Commission Expires:

NOTARY SEAL

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**PROFESSIONAL COUNSELOR  
POST-MASTER'S DIRECTED EXPERIENCE - SUPERVISION VERIFICATION  
FORM E**

**INSTRUCTIONS:** ■ Please type or print clearly. ■ See Board Rule Chapter 135-5-.02(a) 4, 5 and (b) 2.

**APPLICANT: NO FAXED FORMS ACCEPTED.**

- Complete Part I and submit to your employer or supervisor in the employment chain of command where you have done your post-master's directed experience. If you have more than one work setting under which you completed your directed experience, submit additional forms. This form may be photocopied.

**DIRECTED EXPERIENCE SUPERVISOR:**

- Complete Part II, noting requirements. Please enclose this form in a sealed envelope. Sign your name over the flap and then either mail it to the Applicant or send it directly to the Board office. Faxed copies are not acceptable.

**The Directed Experience Supervisor must be:**

Either be licensed — as a Professional Counselor, Clinical Social Worker, Marriage and Family Therapist, Psychologist, Psychiatrist — or be a Certified Rehabilitation Counselor. See Board Rule Chapter 135-5-1(a) 5 for further details

- Meet the post-licensure experience requirements for the degree held. See Board Rule Chapter 135-5-.02(a) 5

**The Supervision Must Be:**

- "Supervision" — which means the direct clinical review, for the purpose of teaching or training, of a professional counselor's interaction with client(s).
- A minimum of 30 hours during a [consecutive] 12-month period. ■ In the practice of Professional Counseling.
- During the **same 12-month period as the directed experience** for that work setting. **Dates of supervision must match exactly with dates of directed experience from Form C. If dates do not match application will be denied by the Board.**
- May be provided pro bono or for a fee. ■ individual or group.
- According to the degree held by the Applicant — See Board Rule Chapter 135-5-.02(b)(2).

**PART I - APPLICANT**

NAME: SOCIAL SECURITY NUMBER:

I hold a:  Master's Degree  Specialist Degree  Doctorate Degree

**PART II - SUPERVISOR**

NAME: YEARS OF PRACTICE AFTER LICENSED:

TYPE OF LICENSE:  Professional Counselor  Clinical Social Worker  Marriage and Family Therapist  
 Psychologist  Psychiatrist  Certified Rehabilitation Counselor

LICENSE #: STATE: DATE ISSUED: EXP. DATE:

ADDRESS: Street City State Zip Code

TELEPHONE: ( ) FAX: ( )



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PROFESSIONAL COUNSELOR  
 POST-MASTER'S DIRECTED EXPERIENCE - MISSING OR DECEASED SUPERVISOR AFFIDAVIT  
 FORM F

**INSTRUCTIONS: NO FAXED FORMS ACCEPTED.**

- Please type or print clearly.
- Supervision may have been obtained at any time while you engaged in post-master's directed experience. The supervision documented for your licensure application need not necessarily be from the supervisors who provided your original training. Supervision must meet the standards set out in the Rules for Professional Counselors. You must have received a minimum of 30 hours of supervision during each 12-month period of directed experience.

**The Directed Experience Supervisor must be:**

Either be licensed — as a Professional Counselor, Clinical Social Worker, Marriage and Family Therapist, Psychologist, Psychiatrist — or a Certified Rehabilitation Counselor. ■ Meet the post-licensure experience requirements for the degree held.

- See Board Rule Chapter 135-5-.02(a) 5.

**APPLICANT:**

- Make every effort to locate the as many of the directors 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 Directors 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: \_\_\_\_\_

I hold a:       Master's Degree       Specialist Degree       Doctorate Degree

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 Therapists  
                       Psychologist       Psychiatrist       Certified Rehabilitation Counselor

License #: \_\_\_\_\_ State: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expir. Date: \_\_\_\_\_ Years of Practice After Licensed: \_\_\_\_\_

The supervision of my Professional Counseling 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  
 Sworn to and subscribed before me this  
 \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Notary Public  
 My Commission Expires: \_\_\_\_\_

NOTARY SEAL

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AND MARRIAGE AND FAMILY THERAPISTS  
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PROFESSIONAL COUNSELOR  
PERSONAL REFERENCE FORM  
FORM G

**INSTRUCTIONS: NO FAXED FORMS ACCEPTED.**

- Please type or print legibly.
- Applicants must have references **from two (2) teachers or supervisors** who are familiar with their experienced in Professional Counseling.
- **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

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VERIFICATION OF LICENSURE - FORM N

**INSTRUCTIONS NO FAXED FORMS ACCEPTED.**

- Please type or print legibly.
- **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 Professional Counselor, Social Worker (any level) or Marriage and Family Therapist.  Request the Licensure Board or Regulatory Agency to send the Georgia Board a copy of its current licensure laws and rules. Refer to List of Approved/Disapproved States for Endorsement.
- **State Licensure Board or Regulatory Agency** - Complete Part II.

PART I - APPLICANT

Full Name:

Address:

Date of Birth:

Social Security #:

GEORGIA LICENSE APPLIED FOR -    CHECK ONLY ONE:  Marriage and Family Therapist  
 Professional Counselor       Clinical Social Worker       Master Social Worker

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

## Guidelines For Endorsement From Another State Professional Counseling

**TO THE APPLICANT:**

According to Georgia law, licensed professional counselors from other states may be licensed without examination so long as that jurisdiction's requirements for licensure is substantially similar to those of Georgia. If you wish to apply for licensure and avoid re-examination, please submit:

1. An application for licensure.
2. Your state's licensure law.
3. Your state's licensure rules.
4. A statement from the licensing board that the license is in effect and in good standing.
5. The appropriate application fee.
6. The worksheet below that addresses each Georgia requirement.

<b>Georgia Requires</b>	<b>Your state requires same:</b>		<b>Documentation is located (page number, tab, etc.)</b>
	<b>Yes</b>	<b>No</b>	
Master's degree (minimum) in program that is primarily counseling in content			
The university must be accredited by a body recognized by the Council on Post Secondary Accreditation			
Graduate level courses must include 6 of 8 of the following:			
1. Human Growth and Development			
2. Social and Cultural Foundations			
3. The Helping Relationship			
4. Group Dynamics, Processing and Counseling			
5. Lifestyle and Career Development			
6. Appraisal/Evaluation of Individuals			
7. Research and Evaluation			
8. Professional Orientation			
Graduate level course in counseling			
Graduate level practicum/internship of at least 300 hours supervised by a licensed professional			

Georgia Requires	Your state requires same:		Documentation is located (page number, tab, etc.)
	Yes	No	
Directed experience of at least 600 hours within 12 consecutive months, 4 years for master's education, 3 years for rehabilitation counseling or education specialist, One year of experience is waived with an internship Experience must be as an employee (1 year post master's internship for doctoral level education)			
Supervision of at least 30 hours per 12 consecutive months by a licensed professional, ½ of which must be by a licensed professional counselor (as of 9/93)			
Dates of supervision and experience must coincide			
35 hours of continuing education every 2 years 5 of which must be ethics.			

**NOTE: Review Georgia laws and rules for definitions and detailed information**