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

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

237 Coliseum Drive • Macon, Georgia 31217 • (404) 424-9966

Board of Professional Counselors, Social Workers, and Marriage & Family Therapists | Georgia Secretary of State (ga.gov)

**APPLICATION FOR LICENSURE BY ENDORSEMENT
 PROFESSIONAL COUNSELOR**

(This form is to ONLY to be used for application for licensure in Georgia as a Professional Counselor by Endorsement)

Application Fee \$110 (NON-REFUNDABLE)

(Application fee includes a \$10 mail in application processing fee)

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

Name _____
 Last First Middle

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

 Last First Middle

_____/_____/_____
 Social Security Number Date of Birth Male ___ Female ___

*This information is authorized to be obtained and disclosed 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.

****Physical Address** _____

****P.O. Box not acceptable** Number and Street Apt. No City/State Zip

Mailing Address _____

(if different) Number and Street (P.O. Box is Acceptable) Apt. No City/State Zip

 Telephone Number Day Telephone Number Evening ***Email Address (PRINT CLEARLY PLEASE)

***** 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 update your e-mail address online @ www.sos.ga.gov/plb, or notify the Board of any e-mail address change. YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.**

Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

YOU MUST SUBMIT THE FOLLOWING OR THE PROCESSING OF YOUR APPLICATION MAY BE DELAYED:

- Verification of a minimum of two years of unrestricted licensure at the level of a Georgia licensed professional counselor (clinical level license), in good standing, from the licensure Board of every state in which the applicant is currently, or has ever been, licensed; and,
- Verification of active, unrestricted practice at the level of a Georgia licensed professional counselor for a minimum of two (2) years immediately preceding the date of application for licensure by Endorsement to the Georgia Board, and,
- An official or copy of an official passing score on the NBCC NCE or NCMHCE exams; and,
- Request an official transcript for your master's or doctorate to be sent to the Georgia Board directly from the Registrar of the school.
- The Board may request further verification of any credential submitted if deemed necessary to evaluate the application.

EMPLOYMENT

Please indicate your employment history for the previous two years, indicating your current employment or self-employment, and any other type of employment/practice below:

Company Name _____

Address: _____
 Street Ste # City State Zip Code

Phone Number: () _____ Current Position: _____

Dates of Employment/Practice: Start Date: _____ To: _____

Duties: _____

Company Name _____

Address _____
 Street Ste # City State Zip Code

Phone Number: () _____ Current Position: _____

Dates of Employment/Practice: Start Date: _____ To: _____

Duties: _____

AFFIDAVIT AND SIGNATURE

I do hereby affirm under penalty of perjury that the employment history contained above is true and correct to the best of my knowledge and belief. Further, I hereby authorize the release of any information relating to information contained in this form that may be necessary to verify the accuracy of the information contained herein.

Signature of Applicant Printed Name Date

Subscribed and sworn before me this _____ Day of _____, 20____.

Notary Public Signature

My Commission Expires: _____

NOTARY SEAL

You must cause to be submitted directly to the Georgia Composite Licensure Board a verification from **EVERY** state or jurisdiction you **currently hold, or have ever held**, a license to practice as a counselor. You may provide the attached GA Board's Form N to the issuing state to submit to the GA Board, or the issuing state may submit their own verification form or documentation. The submission **MUST** include any disciplinary actions or sanctions ever taken against the license, if any. Please note that the Georgia LPC license is a clinical level license that does not require the license holder to be under direction or supervision. If your license in the other state or jurisdiction is not a clinical level license, then you would not be eligible for licensure by endorsement.

Current State Licensure Information:

License # _____ State: _____

Date Issued: _____ Expiration Date: _____

Is there currently, or has there ever been, any sanctions or disciplinary actions taken against this license: *Yes ___ No ___

Other State Licensure Information:

License # _____ State: _____

Date Issued: _____ Expiration Date: _____

Is there currently, or has there ever been any sanctions or disciplinary actions taken against this license: *Yes ___ No ___

Other State Licensure Information:

License # _____ State: _____

Date Issued: _____ Expiration Date: _____

Is there currently, or has there ever been any sanctions or disciplinary actions taken against this license: *Yes ___ No ___

*(List all states in which you have ever been licensed as a counselor, current or not.
Add additional pages if needed for additional states of licensure)*

*If yes, a personal letter of explanation and supporting documents regarding the actions or sanctions taken, including the final disposition if available, must be submitted to the Georgia Board. You may submit by: USPS mail service (address is on the first page of this application), Fax to 866-888-7127, or E-Mail to ExamBoards-Healthcare@sos.ga.us

Yes **No** – Have you taken and passed either the NCE or NCMHCE administered by NBCC? If yes, you **must** submit, or cause to be submitted, to the Board an official verification of your passing exam score. If you have not taken and passed one of these exams, you may be required to do so before licensure in Georgia as a counselor will be considered.

BACKGROUND

- For the following questions, the terms “license”, “registration” and “certification” are synonymous.
- If your answer is “yes” to any question below, attach a written detailed letter of explanation, relevant court or other related documents of the disposition of the issue, and the current status.

Yes **No** - Have you been denied professional licensure or renewal because of a license disciplinary proceeding in Georgia or any other state?

Yes **No** - Have you knowingly failed to renew a license during investigation or disciplinary action?

Yes **No** - Have you ever had a license to practice any profession revoked, suspended or annulled or otherwise disciplined, including by private order?

Yes **No** - Have you been subject to disciplinary action or had your membership revoked by any professional organization?

*If you answer “Yes” to this next question, you must print out the **“Background Investigation Consent”** form found on the same webpage as this application, complete it in its entirety and submit it with this application. Failure to submit this form with application may result in delayed processing of the application:*

Yes **No** - Have you ever been arrested or convicted of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DWI and DUI are **not** minor traffic violations.) For purposes of this question, a “conviction” includes a finding of verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge (s).

NOTE: The answer to this question is “YES” if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.

Also, If you answered “yes” to the above question, include a certified copy of the court records and final disposition from the court with your application. In the event the file no longer exists, you must submit documentation from the court stating that fact. Also include a personal letter of explanation regarding each incident. Failure to do so will result in application processing delays.

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

Yes **No** - Are you currently unable to practice safely as a result of use of alcohol, drugs, narcotics, chemicals or any other type of material, or as a result of any mental or physical condition?

Yes **No** - Have you previously applied for the same license type for which you are currently applying? If “yes”, in what name was application submitted: _____

NOTE: Do not forget to submit your Secure and Verifiable Document with this application. Also, don’t forget to request the verification of every professional counselor’s licensure you currently hold, or have ever held, to be sent to the GA Board, as well as your educational transcript and passing exam score (NCE or NCMHCE).

Affidavit Regarding Citizenship

Please submit this document along with a copy of your secure and verifiable document to the Board office as indicated on the application.

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 Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

- 1) _____ I am a United States citizen. **You MUST attach a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website to this application.**

- 2) _____ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **You MUST attach a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number to this application.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e) (1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

___ DAY OF _____, 20___

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
(404) 424-9966 (Telephone) * www.sos.state.ga.us/plb/counselors

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. **THIS FORM ALONE, OR OTHER STATE VERIFICATION ALONE, IS NOT AN APPLICATION FOR LICENSURE - COMPLETE APPLICATIONS MUST ACCOMPANY THIS FORM OR OTHER VERIFICATIONS.**
- **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.
- **State Licensure Board or Regulatory Agency** - Complete Part II.
- Then either Mail, Fax to 866-888-7127 or E-Mail to ExamBoards-Healthcare@sos.ga.us

PART I - APPLICANT

Full Name:

Address:

Date of Birth:

State of Licensure:

License Number:

Active: Yes ___ NO ___

Type 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 as directed above.

_____ 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 you answered "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 Board Order or other disciplinary action or sanction documentation to this form.

_____ Date

_____ Signature of Board Chair/Designated Official

_____ Title of Board

_____ Street Address

_____ City

_____ State

_____ Zip Code

BOARD SEAL