

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 • (404) 424-9966

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

**APPLICATION FOR LICENSURE AS A PROFESSIONAL  
CONSELOR BY ENDORSEMENT**

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 web site 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. Please allow up to twenty-five (25) business days for the processing of a complete application. Incomplete applications will be withdrawn after sixty (60) days.

**New – Effective July 1, 2022 - NATIONWIDE FINGERPRINT BACKGROUND CHECK RESULTS:**

Each applicant for licensure as a licensed professional counselor by endorsement or reinstatement of an endorsed license of this license type shall register and provide fingerprints for a nationwide criminal background check to be conducted at the applicant's expense. **The instructions and vendor** for the background check can be found in the document on the Board's website (same location you downloaded this application from) and linked to on the on the Board's homepage - "Background Fingerprint Instructions."

- **Do not register for the background check prior to submission of your application. Fees paid may not be refundable. Register a few days after submission of the application.**
- **This background check registration is NOT required for the renewal of any license.**
- **Notify the Board of your registration for the background check – ExamBoards-Healthcare@sos.ga.gov. Staff will be checking the website and approving applicants as quickly as possible.**

**\*NOTE:** This is a new requirement under O.C.G.A. 43-10A-5(i) and O.C.G.A. 43-10A-8(5) Failure to comply with this requirement will delay the processing of this application for licensure and may result in the application being denied.

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

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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 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 @ <https://sos.ga.gov/licensing-division-georgia-secretary-states-office> 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). If yes, submit military orders, identification cards or any documentation that indicates you are a military member or spouse.**

**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 degree to be sent by USPS mail to the Georgia Board or by e-mail to [ExamBoards-Healthcare@sos.ga.gov](mailto:ExamBoards-Healthcare@sos.ga.gov), or other electronic means 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.

Verifications of licensure can be mailed to the GA Board or e-mailed to [verifications@sos.ga.gov](mailto:verifications@sos.ga.gov).

**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), or E-Mail to [ExamBoards-Healthcare@sos.ga.gov](mailto:ExamBoards-Healthcare@sos.ga.gov)

**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?

**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 the 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 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 because 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) \*

<https://sos.ga.gov/board-professional-counselors-social-workers-and-marriage-family-therapists>

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 professional counselor.
- **State Licensure Board or Regulatory Agency** - Complete Part II.
- Then either e-mail this form, or the issuing states form, to [verifications@sos.ga.gov](mailto:verifications@sos.ga.gov), or mail to address above.

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 \_\_\_\_\_ certify that the information  
(Name of Board or Regulatory Agency)  
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