





**PROFESSIONAL BACKGROUND**

**INSTRUCTIONS:**

- 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 Are you currently licensed now, or have you ever held a professional license other than the one you are applying to reinstate, anywhere? If yes, then complete the following:

Type of License: \_\_\_\_\_

State: \_\_\_\_\_ License# \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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 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.

If “yes,” please 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. If you answered “Yes” to the next question, **print out the “Background Investigation Consent” form** found on the same webpage as this application. Failure to submit this form with application may result in delayed processing of the application.

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 for which you are currently applying? If “yes” name under which application was submitted: \_\_\_\_\_

**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. **Please submit 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.**
  
- 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. **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.**

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:

GEORGIA COMPOSITE BOARD OF PC's, SW's & MFT's

E-Mail: [ExamBoards-Healthcare@sos.ga.gov](mailto:ExamBoards-Healthcare@sos.ga.gov) \* (404) 424-9966 [PHONE] \* (866) 888-7127 [FAX]

Name: \_\_\_\_\_ License #: \_\_\_\_\_

**CONTINUING EDUCATION REPORT \*\*\*\*\* Refer to Board Rule 135-9-.01 & .02**

AREA	ACTIVITY	SPONSORSHIP (FULL NAME)	LOCATION (CITY/STATE)	DATE(S) (M/D/YY)	# OF CLOCK HOURS/DAYS
I CORE					
II RELATED					
III ETHICS					

REFER TO BOARD RULE 135-9-.01 and 135-9-.02 available on the site [Board of Professional Counselors, Social Workers, and Marriage & Family Therapists | Georgia Secretary of State \(ga.gov\)](http://www.gasos.ga.gov/BoardofProfessionalCounselorsandMarriageandFamilyTherapists)

- Each CE certificate submitted for audit must contain the licensee's name, the title of the CE activity, the name of the sponsoring organization, the number of credit hours earned and the date and location of the CE event.
- No more than 10 hours of continuing education may be earned through online methods.
- E-MAIL, FAX or MAIL THIS FORM AS NOTED. Please submit only once, by one method.