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Amount Submitted _	
Date	
Receipt #	



FOR BOARD USE ONLY	
Certificate Number	
Date Issued	
Applicant No.	

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

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 REINSTATEMENT OF LICENSURE
Check applicable license: Clinical Social Worker Marriage and Family Therapist Clicensed Master Social Worker Licensed Professional Counselor
Note: Associate Professional Counselor and Associate Marriage and Family Therapist licenses that have lapsed may reinstate only ONE time and the reinstated license is only valid for the remainder of the total of the 5 years the license is valid for:
☐ Associate Marriage and Family Therapist ☐Associate Professional Counselor IMPORTANT: A <u>NEW CONTRACT AFFIDAVIT</u> MUST BE SUBMITTED WITH THE APC OR AMFT APPLICATION FOR REINSTATEMENT OR THE APPLICATION <u>WILL NOT BE REVIEWED BY THE BOARD</u>
In addition to checking a box above for the applicable license type, check this box <u>IF YOUR LICENSE HAS BEEN LAPSE</u> . OR HAS BEEN ON INACTIVE STATUS FOR MORE THAN 5 YEARS: You must satisfy the current requirement for licensure at the time of reinstatement and upon approval, re-take the licensing examination. See Board rules 135-3, 135-5 or 135-6.
Application Fee \$360 (NON-REFUNDABLE)
(Application 1 ee \$300 (NON-KET ONDABLE) (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. Applications valid for (1) one year from date received.
Name
Name Last First Middle
Name as shown on exam records or transcripts (if different):
*Social Security Number Date of Birth
*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
**Number and Street Apt. No City/State Zip ** P.O. Box <u>not</u> 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 writing of an address change).
Mailing Address
(if different) Number and Street Apt. No City/State Zip
Telephone Number Day Telephone Number Evening ***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 ou 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. Attach verification of attendance documentation of Continuing Education hours, accrued according to Board Rule Chapter 135-604 and 135-9-0.1. This documentation should include a description of the continuing education activities and photocopies, as outlined in Board Rule. Also, the CE Reporting Form (Page 7 of this application must be completed and submitted with the application.

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135-3. The applicant may	be required to retake the Nati	ional Examination. See Boar	d Rule Chapter 135-604.	for licensure following the proce	_
	ntract affidavit is not included			<u> </u>	
		STATEMENT OF	F APPLICANT		
I hereby apply to rein	nstate my revoked/la	apsed license type		License #	7
Issued on:		and Expir	ed on	onth/Day/Year	·
	Month/Day/Year		М	onth/Day/Year	
State reason/s why you	did not renew your lic	ense and describe yo	our professional acti	vities since your license	has lapsed:
	leted/met all of continu			s CE rule requires (135-6	
submit copies of all CI	E certificates as outlin	ned in Board Rules, a	and the CE Reporti	ng Form (see page 7 of t	his application.
(Signature of Applicant)					
		EMPLOY	MENT		
Please indicate you		ry, please indicate other type of emp		employer or last place below:	of practice first
Company Name					<u>.</u>
Address					
Street	Ste #	City	State	Zip Code	
Phone Number: () _		Current Position	n:		
Dates of Employment/P	ractice: Start Date:	To:			
Duties:					
Company Name					
Address					
Street	Ste #	City	State	Zip Code	
Phone Number: () _		Current Position	n:		
Dates of Employment/P	ractice: Start Date:	To:			
Duties:					
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DDOEESSIONAL	BACKGROUND
 INSTRUCTIONS: For the following questions, the terms "license", "regingle of the following question below, attack of the related documents of the disposition of the iss 	stration" and "certification" are synonymous. a written detailed letter of explanation, relevant court or ue, and the current status.
□Yes □ No Are you currently licensed now, or have you are applying to reinstate, anywhere? If yes, then complete Type of License:	the following:
State:	License#
Date Issued:	Expiration Date:
□Yes □ No Have you been denied professional licensure in Georgia or any other state? □Yes □ No Have you knowingly failed to renew a licens □Yes □ No Have you ever had a license to practice any professional disciplined, including by private order? □Yes □ No Have you been subject to disciplinary action organization? □Yes □ No Have you ever been arrested or convicted of a few involving moral turpitude, or a crime violating federal or state I and DUI are not minor traffic violations.) For purposes of this complete of guilty, a plea of nolo contendere, or first offender treatment withheld or not entered on the charge (s). NOTE: The answer to pardoned, expunged, dismissed or deferred, you pled & complete been restored and/or you have received legal advice that the offender in the event the file no longer exists, you must also include a personal letter of explanation regarding each print out the "Background Investigation Consent" form to submit this form with application may result in delayed	e during investigation or disciplinary action? profession revoked, suspended or annulled or otherwise or had your membership revoked by any professional elony, misdemeanor (other than a minor traffic violation), crime aw relating to controlled substances or dangerous drugs? (DWI question, a "conviction" includes a finding of verdict of guilty, nent, and also includes adjudication of guilt or sentence of this question is "YES" if an arrest or conviction has been sted probation under First offender and/or your civil rights have dense will not appear on your criminal record. dis and final disposition from the court with your the submit documentation from the court stating that fact. She incident. If you answered "Yes" to the next question, may found on the same webpage as this application. Failure
□Yes □ No Have you been the defendant in a malpractice	e suit and either entered into a settlement agreement or
paid court awarded expenses?	
□Yes □ No Are you currently unable to practice safely be	ecause of use of alcohol, drugs, narcotics, chemicals or
any other type of material, or as a resul-	t of any mental or physical condition?
□Yes □ No Have you previously applied for the same lic under which application was submitted	

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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).
	Sig	gnature of Applicant
SUBSCRIBED AND SWO		inted Name of Applicant ON THIS THE
DAY OF	, 20	
NOTARY PUBLIC My	Commission Expire	<u></u>

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GEORGIA COMPOSITE BOARD OF PC's, SW's & MFT's					
E-Mail: ExamBoards-Healthcare@sos.ga.gov * (404	4) 424-9966 [PHONE]	*	(866) 888-7127 [FAX]		
Name:	License #:				

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

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

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)

- 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.

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