

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 description of the current status.

Yes No Do you now hold, or have you in the past held, a professional license, anywhere?

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?

If you answered “Yes” to the next two (2) questions, 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 convicted of any criminal offense?

Yes No Have you been arrested, charged, and sentenced for the commission of any felony or any crime involving moral turpitude?

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 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.

Print Name: _____

APPLICANT AFFIDAVIT:

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 * (404) 424-9966 [PHONE] * (866) 888-7127 [FAX]

Name: _____ License #: _____

[Board of Professional Counselors, Social Workers, and Marriage & Family Therapists | Georgia Secretary of State \(ga.gov\)](http://Board of Professional Counselors, Social Workers, and Marriage & Family Therapists | Georgia Secretary of State (ga.gov))

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

- Certificates of Attendance MUST accompany this form, application.
- 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.