



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELOR'S, SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS  
237 Coliseum Drive, Macon, Georgia 31217-3858 \* (404) 424-9966 (Telephone)

[ExamBoards-Healthcare@sos.ga.gov](mailto:ExamBoards-Healthcare@sos.ga.gov)

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

## APPLICATION TO REACTIVATE AN INACTIVE STATUS LICENSE

(Associate level licenses are not eligible for inactive status)

**New – Effective July 1, 2022**

### **NATIONWIDE FINGERPRINT BACKGROUND CHECK RESULTS:**

Each applicant for the reactivation of an inactive status licensure (LPC, MSW, CSW, MFT) 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](mailto: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.

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**APPLICATION TO REACTIVATE LICENSE**

Check applicable license:  Clinical Social Worker  Licensed Master Social Worker  
 Marriage and Family Therapist  Licensed Professional Counselor

- Please type or print legibly.
- Your application to reactivate must be **complete** with all required information, documentation, and fee before it will be reviewed by the Board.
- Attach documentation of Continuing Education hours, accrued according to Board Rule Chapter 135-6-.04 and 135-9-0.1. This documentation should include a description of the continuing education activities and photocopies, as outlined in Board Rule Chapter 135-9-.01.
- Non-refundable application fee of \$160.00 must be made payable to the Georgia Composite Board. 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 are valid for (1) one year.
- **NOTE: DO NOT SUBMIT THIS APPLICATION IF YOUR LICENSE HAS BEEN ON INACTIVE STATUS FOR FIVE (5) YEARS OR MORE. YOU MUST FILE THE REINSTATEMENT APPLICATION.**

LEGAL NAME: \_\_\_\_\_  
Last First Middle Maiden  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\*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: \_\_\_\_\_  
# & Street (\*\*P.O. Box **not** acceptable) City State Zip

*\*(P.O. Box not 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 in writing of an address change).*

MAILING ADDRESS (IF DIFFERENT): \_\_\_\_\_  
Street, P.O. Box City State Zip

BUSINESS ADDRESS: \_\_\_\_\_  
Street 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 you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change. **YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.**

**STATEMENT OF APPLICANT**

I hereby apply to reactivate my license type \_\_\_\_\_ License Number \_\_\_\_\_,

Issued on: \_\_\_\_\_ and placed in inactive status \_\_\_\_\_.  
Month/Day/Year Month/Day/Year

**State reason/s why you placed your license in Inactive status and describe your professional activities since your license has been inactive:**

**Continuing Education** I attest that I have completed/met all of continuing education requirements, as the Board's CE rule requires. **You must submit copies of all CE certificates, as outlined in Board Rule 135-9.**

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
Date

**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?

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](mailto:ExamBoards-Healthcare@sos.ga.gov) \* (404) 424-9966 [PHONE]

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

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**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

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- 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.