



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS
237 Coliseum Drive, Macon, Georgia 31217-3858
(404) 424-9966 (Telephone)
[Board of Professional Counselors, Social Workers, and Marriage & Family Therapists | Georgia Secretary of State \(ga.gov\)](http://www.gacps.org)

ASSOCIATE PROFESSIONAL COUNSELOR PRACTICUM/INTERNSHIP SUPERVISION VERIFICATION - FORM A

Please type or print clearly.

APPLICANTS:

- Complete Part I and submit to your Practicum/Internship Supervisor. See Board Rule 135-5-.02
- If you have more than one practicum or internship, submit a form for each.

PRACTICUM/INTERNSHIP SUPERVISOR:

Complete Part II, noting requirements.

The Practicum/Internship must:

- Be part of the master's degree program for master's level applicants or doctoral degree program for doctoral level applicants.

The Practicum/Internship Supervisor must:

- Be the Instructor of Record at the college or university or the Site Supervisor; and
- Be licensed as a Professional Counselor, Clinical Social Worker, Marriage and Family Therapist, Psychologist, Psychiatrist or be a Certified Rehabilitation Counselor. See Board Rule Chapter 135-5-.02 for further details.

PART I - APPLICANT

FULL NAME:

PART II — SUPERVISOR

NAME:

ADDRESS:

Street

City

State

Zip Code

TELEPHONE: ()

FAX: ()

TYPE OF LICENSE:

Professional Counselor

Clinical Social Worker

Marriage and Family Therapist

Psychologist

Psychiatrist

Certified Rehabilitation Counselor

LICENSE #:

STATE:

ORIGINAL DATE ISSUED:

EXP. DATE:

Highest Level of Education Completed Master's _____ Specialist _____ EdD _____ PhD _____ Other _____

CERTIFICATION OF SUPERVISION:

I hereby certify that I supervised the Internship/Practicum of the above-named applicant who practiced Professional Counseling work at:

NAME OF PRACTICUM/INTERNSHIP SITE: _____

FROM: _____ TO _____ FOR A TOTAL OF _____ HOURS.
MM/Day/Year MM/Day/Year (DE/Supervision)

DESCRIBE THE PRACTICE SUPERVISED: _____

VERIFICATION: I attest that I provided the supervision described above and that this is a true and accurate representation of this supervision.

Date

Signature of Supervisor/Instructor of Record/Credentials (CPCS/ACS)

Sworn to and subscribed before me this

_____ day of _____, _____.

Notary Public

My Commission Expires:

NOTARY SEAL

08/15/2023