



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

237 Coliseum Drive, Macon, Georgia 31217-3858

(478) 207-2440 (Telephone) * www.sos.state.ga.us/plb/counselors

APPLICATION FOR CLINICAL SOCIAL WORKER LICENSURE
SOCIAL WORK DIRECTED EXPERIENCE VERIFICATION FORM - FORM B

- APPLICANT – Complete Part I and forward this form to the agency or organization in which you completed your directed experience practicing Social Work.
- AGENCY OR ORGANIZATION - The Director must Complete Part II and return it to the Applicant for inclusion with the Application for licensure.

PART I – APPLICANT

NAME OF APPLICANT: _____
First Middle Last (Maiden)

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. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.

PART II – AGENCY OR ORGANIZATION

INSTRUCTIONS:

- "Direction" means the on-going administrative oversight of an employer or superior of a practitioner's work. (Unpaid or Volunteer experiences are **NOT** acceptable in meeting the directed work experience requirement).

CERTIFICATION

I CERTIFY THAT THE ABOVE-NAMED INDIVIDUAL PRACTICED SOCIAL WORK AT:

(Name of Agency or Organization)

Address: _____
Street City State Zip Code

From: _____ To: _____ For _____ Hours Per Week.
(MUST DOCUMENT DATE - DO NOT USE "PRESENT")

Total Number of Hours: _____

Date Signature of Director or Authorized Person

Name of Agency or Organization Printed Name of Director or Authorized Person Above

Title/Position

Street Address

City State Zip Code

Telephone: ()

Fax: ()