



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

**CLINICAL SOCIAL WORKER
 SUPERVISION - MISSING OR DECEASED SUPERVISOR AFFIDAVIT
 FORM E**

INSTRUCTIONS:

- Please type or print clearly.
- The Directed Experience Supervisor must be:**
- APPLICANT:**
 - Make every effort to locate the as many of the supervisors who provided your supervision as necessary to document the required supervision hours obtained.
 - You may show your diligence with returned mail, copies of letters and verifications from your academic institution, etc.
 - If, however, you have obtained sufficient directed experience to meet licensure requirements, but after a diligent search you are unable to locate enough Supervisors to document the required time, you may attest to undocumented Directed Experience by taking the Oath below.
 - The Board may require additional information upon review.
 - A Form E must be submitted separately to document directed work experience and supervision. Do not combine the hours on one form.

PART I - APPLICANT

NAME: _____

PART II - OATH

Under penalty of perjury, as provided in the Official Code of Georgia Annotated, I hereby aver and swear that I was unsuccessful, after I made a diligent effort, to locate:

Name of Supervisor: _____
 who served as my supervisor while I worked under the direction of: _____

at: _____
 Name of Clinical Supervisor Address City State Zip

License Type: Professional Counselor Clinical Social Worker Marriage and Family Therapist Psychologist
 Psychiatrist Member of the Academy of Certified Social Workers
 Earned an MSW from a CSWE-accredited program

License #: _____ State: _____ Date Issued: _____ Expir. Date: _____ Years of Practice After Licensed: _____

The supervision of my Social Work Practice was provided during the following 12-month period/s:

YEAR 1 OR PART THEREOF	FROM:	TO:	TOTAL HOURS:
YEAR 2 OR PART THEREOF	FROM:	TO:	TOTAL HOURS:
YEAR 3 OR PART THEREOF	FROM:	TO:	TOTAL HOURS:
YEAR 4 OR PART THEREOF	FROM:	TO:	TOTAL HOURS:

 Date
 Sworn to and subscribed before me this
 _____ day of _____, _____.

 Signature of Applicant

 Notary Public
 My Commission Expires: _____

NOTARY SEAL