



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

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. You may photocopy this form.

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 _____ 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.
MONTH/YEAR MONTH/YEAR # HOURS

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

 Signature of Supervisor/Instructor of Record

Notary Public

My Commission Expires:

NOTARY SEAL