



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 - MISSING OR DECEASED SUPERVISOR AFFIDAVIT
FORM B

INSTRUCTIONS: Please type or print clearly.

APPLICANTS:

- Make every effort to locate the supervisor(s)/instructor of record as necessary to document the required Practicum/Internship Experience.
- If, however, after a diligent search you are unable to locate the supervisor(s), you may attest to undocumented supervision of practicum/internship by taking the Oath below.
- Please include documentation to show your diligence. Examples include: returned mail, copies of letters, and verifications from your academic institution, etc.
- The licensure information of the supervisor is required.
- The Board may require additional information upon review.

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 Practicum/Internship Supervisor in the practice of Professional Counseling
during the period of : _____ to _____ For a Total of _____ Hours

Month/Year

Month/Year

and during that period he/she was licensed as a:

- Professional Counselor
- Clinical Social Worker
- Marriage and Family Therapist
- Psychologist
- Psychiatrist
- Certified Rehabilitation Counselor

License Number: _____ In the State of : _____

I have attached copies of letters and/or returned mail that demonstrates my attempt/s to reach this supervisor.

_____ Date

_____ Signature of Applicant

Sworn to and subscribed before me this

_____ day of _____, _____.

_____ NOTARY SEAL

Notary Public

My Commission Expires: _____