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 PROFESSIONAL COUNSELOR LICENSE
## POST-MASTER'S DIRECTED WORK EXPERIENCE VERIFICATION FORM
## FORM C

INSTRUCTIONS:

- Please print or type.
- **APPLICANT** – Complete Part I and forward this form to the agency or organization in which you completed your directed experience practicing Professional Counseling.
- **AGENCY OR ORGANIZATION** - The Director MUST Complete Part II in its entirety and return it to the Applicant for inclusion with the Application for licensure. Failure to complete all requested information WILL delay the processing of the application.
- **The dates must be noted on the form. "Present" or "Current" is not acceptable in lieu of an actual date.**

## PART I – APPLICANT

NAME OF APPLICANT:_____
Last Middle First Maiden

## PART II – AGENCY OR ORGANIZATION

INSTRUCTIONS:

- "Direction" means the on-going administrative oversight of an employer or superior of a practitioner's work in the practice of professional counseling as defined in Board Rule 135-5-.02.

## CERTIFICATION

I CERTIFY THAT THE ABOVE-NAMED INDIVIDUAL PRACTICED PROFESSIONAL COUNSELING UNDER THE OFFICIAL JOB TITLE OF: _____ (MUST be provided or processing of application will be delayed).

At _____
(Name of Agency)

Address: _____
Street City State Zip Code

Start Date: _____/_____/_____ End Date_____/_____/_____ For _____**Total # of Hours**

_____ _____
Date Signature of Director or Authorized Person

_____
Printed Name

_____
Title/Position

Sworn to and subscribed before me this

_____day of_____,_____.

_____
Notary Public

NOTARY SEAL

My Commission Expires: _____.