



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS,
 SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS
 237 Coliseum Drive, Macon, Georgia 31217-3858
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www.sos.state.ga.us/plb/counselors

PROFESSIONAL COUNSELOR POST-MASTER'S DIRECTED WORK EXPERIENCE
 MISSING OR DECEASED DIRECTOR AFFIDAVIT - **FORM D**

- Please type or print clearly.
- See Board Rule Chapter 135-5-.02 for Post Masters Directed Work Experience requirements.

The Director must be:

- Either the employer **or** the superior in the administrative chain of command.

APPLICANTS:

- Make every effort to locate the as many of the directors of Directed Experience as necessary to document the required Directed Experience.
- If, however, you have obtained sufficient directed experience to meet licensure requirements, but after a diligent search you are unable to locate enough Directors to document the required time, you may attest to undocumented Directed Experience by taking the Oath below.
- Please include documentation to show your diligence. Examples include: returned mail, copies of letters, and verifications from your employer, etc.
- The Board may require additional information upon review.

OATH

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

Name of Director: _____

who served as my Director of directed experience in the practice of Professional Counseling at:

_____ as a _____
 Name of Agency Official Job Title

Agency Address _____

from: _____ to _____,
 (month/day/year) (month/day/year)

Totaling _____ years/s on the time basis of _____ hours/week for \$ _____ wages/salary.

I have attached copies of letters and/or returned mail that demonstrates my attempts to reach this individual.

_____ Date

Sworn to and subscribed before me this

_____ day of _____, _____.

_____ Signature of Applicant

_____ Notary Public

My Commission Expires: _____

NOTARY SEAL