



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](http://www.sos.state.ga.us/plb/counselors)

PROFESSIONAL COUNSELOR  
PERSONAL REFERENCE FORM  
**FORM G**

**INSTRUCTIONS:**

- Please type or print legibly.
- Applicants must have references **from two (2) teachers or supervisors** who are familiar with their experience in Professional Counseling.
- **APPLICANT** - Complete Part I, give this form to your references with an envelope addressed to yourself. Retrieve the completed form from your reference for inclusion with your application.
- **REFERENCE** - Complete Part II, enclose this form in the envelope provided to you by the applicant, seal the envelope, sign your name across the envelope flap and return it to the applicant. The Board assumes that in recommending this applicant, references will interpret or substantiate to the Board your recommendation if the Board needs to contact you at a later date.

PART I - APPLICANT

**Applicant's Name:**

PART II - REFERENCE

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: (     )     )

Other Phone: (     )     )

Relationship to Applicant:      Teacher      Supervisor

Dates of Teaching/Supervisory Relationship: FROM:     Month/Day/Year     TO:     Month/Day/Year

PROFESSIONAL POSITION WHEN TEACHING OR SUPERVISING APPLICANT:

Title: \_\_\_\_\_

Agency/Institution: \_\_\_\_\_

Address: \_\_\_\_\_

**RECOMMENDATION:**    Recommend    Do Not Recommend the Applicant for licensure.

ADDITIONAL COMMENTS:

[Please write any comments that would assist the Board in making a decision on this Applicant for licensure.]

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Reference