



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS,
 SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS
 237 Coliseum Drive, Macon, GA 31217-3858
 478-207-2440 * www.sos.state.ga.us/plb/counselors

VERIFICATION OF LICENSURE FROM ANOTHER STATE/JURISDICTION - FORM N

- Please type or print legibly. NOTE: The GA Board will also accept this verification of licensure on any form or format the issuing state(s) may utilize or prefer.
- **Applicant** - Complete Part I. Mail, fax or e-mail this form to each Board or Agency of each state or jurisdiction which you are currently licensed, or have ever been licensed, or certified as a Professional Counselor.
- **State Licensure Board or Regulatory Agency** - Complete Part II. Then mail, fax (to 866-888-7127) or e-mail to ExamBoards-Healthcare@sos.state.ga.us. You may also submit your own state or regulatory agency form or document in lieu of this form.

PART I - APPLICANT

Full Name:

Address:

Date of Birth:

Social Security #:

GEORGIA LICENSE APPLIED FOR - CHECK ONLY ONE: Marriage and Family Therapist
 Professional Counselor Clinical Social Worker Master Social Worker

Jurisdiction:

License Number:

Title of License:

Original Date Issued:

Expiration Date:

TO WHOM IT MAY CONCERN

I, the undersigned applicant, am applying for a license with the Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists. I hereby consent to the release of any information, favorable or otherwise, which you may have concerning my license or practice. Please return the completed form directly to the Georgia Board at the above address.

Date

Signature of Applicant

PART II - LICENSURE BOARD OR REGULATORY AGENCY CERTIFICATION

I, _____, Board Chair or Designated Official
 of the _____

(Name of Board or Regulatory Agency)

certify that the information provided above by this applicant does does not conform with that in our record.

If "does not", please explain: _____

According to our record, the applicant has hasn't been disciplined by this or any other Board, state agency, or professional organization. **If the applicant has been disciplined, please explain and attach a copy of the Order or Decree:**

Date

Signature of Board Chair/Designated Official

Title of Official

Street Address

BOARD SEAL

City/State/Zip Code

MAIL: GA Composite Board, 237 Coliseum Drive, Macon, GA 31217
 FAX: 866-888-7127 * E-Mail: ExamBoards-Healthcare@sos.state.ga.us