



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS  
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[www.sos.state.ga.us/plb/counselors](http://www.sos.state.ga.us/plb/counselors)

MARRIAGE AND FAMILY THERAPY  
 PRACTICUM/INTERNSHIP VERIFICATION  
 FORM A

**INSTRUCTIONS: NO FAXED FORMS ACCEPTED**

- Please type or print clearly. For additional forms, please photocopy. This is a 2-sided form.
- Practicum/Internship must meet the requirements set out in Board Rule 135-5-.06 [Graduate level course over 9 - 12 consecutive months, under supervision, minimum 500 hours MFT clinical contact.]
- **Applicant** – Complete Part I.
- **On-Site Coordinator of Practicum/Internship** - Complete Part II.

PART I - TO BE COMPLETED BY APPLICANT

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

Address: \_\_\_\_\_  
 Street City State Zip

- √ Check applicable and complete information below:
- Practicum/Internship which was **part of my degree program** OR
  - Practicum/Internship **before or after the master's degree.**

√ Check Type of Practicum/Internship:  MFT  PC  SW

Institution: \_\_\_\_\_ Degree: \_\_\_\_\_

Course Title & Number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Practicum/Internship Site: \_\_\_\_\_

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

Position/Title: \_\_\_\_\_

Description of Responsibilities: \_\_\_\_\_

DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 Month/Year Month/Year

DURATION: TOTAL YEARS: \_\_\_\_\_ TOTAL MONTHS: \_\_\_\_\_

HOURS OF ON-SITE EXPERIENCE

Individuals: \_\_\_\_\_ Group: \_\_\_\_\_ Couples/Families: \_\_\_\_\_

OATH

I attest that the above information is a true and accurate representation of my Practicum/Internship.

\_\_\_\_\_  
 Date  
 Subscribed to and sworn before me this  
 \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Notary Public  
 My Commission Expires: \_\_\_\_\_

NOTARY SEAL

**FORM A-PART II - TO BE COMPLETED BY THE ON-SITE COORDINATOR**

**INSTRUCTIONS:**

- Please review the Applicant's description of his/her Practicum/Internship experience. If you have any additional information which would assist the Board in making a decision on licensure for this Applicant, please provide that information below.
- Complete A or B below, as applicable.

**ADDITIONAL INFORMATION:**

**A - ACTUAL ON-SITE COORDINATOR**

**ATTESTATION:**

**I attest that I served as the On-Site Coordinator for the Practicum/Internship described above and that this description is a true and accurate representation of this Applicant's experience.**

\_\_\_\_\_ Date \_\_\_\_\_ Signature of On-Site Coordinator  
 \_\_\_\_\_  
 Printed Name

Name of Site: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Work Phone: ( ) Home Phone: ( ) Fax: ( )

**B - CURRENT ON-SITE COORDINATOR**

**ATTESTATION:**

**I attest that the person who coordinated this Applicant's Practicum/Internship cannot be located and that I am the current On-Site Coordinator and can verify this Applicant's experience based upon a review of the available records. After a diligent and thorough search of available records, I attest that the Practicum/Internship described above is a true and accurate representation of this Applicant's experience.**

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Current On-Site Coordinator  
 \_\_\_\_\_  
 Printed Name

Name of Site: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Work Phone: ( ) Home Phone: ( ) Fax: ( )