



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS, AND  
 MARRIAGE AND FAMILY THERAPISTS  
 237 Coliseum Drive  
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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 SUPERVISION VERIFICATION  
 FORM B

- INSTRUCTIONS: NO FAXED FORMS ACCEPTED**
- Please type or print clearly.
  - Practicum/Internship must meet minimum requirements set out in Board Rule 135-5-.06.
  - **Applicant** – Complete Part I. For additional forms, please photocopy. Complete a separate form for each Practicum/Internship listed on your Application.
  - **Practicum/Internship Supervisor** - Complete Part II. After you have completed this form and it has been notarized, enclose it in a sealed envelope, sign your name over the flap and return it to the Applicant.

PART I - TO BE COMPLETED BY APPLICANT

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

PART II - TO BE COMPLETED BY THE PRACTICUM/INTERNSHIP SUPERVISOR

Name of Supervisor: \_\_\_\_\_

Type of License:  MFT  PC  CSW  PSYCHOLOGIST  PSYCHIATRIST

License # \_\_\_\_\_ State: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**CERTIFICATION:**  
 I hereby certify that I supervised the Internship/Practicum of the above-named Applicant who practiced:  
 Marriage and Family Therapy  Professional Counseling  Social Work

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

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

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ TOTAL MONTHS: \_\_\_\_\_  
 Month/Year Month/Year

**SUPERVISION:**  
 This Applicant received the following supervision from me:  
 INDIVIDUAL: \_\_\_\_\_ Hours/Week GROUP: \_\_\_\_\_ Hours/Week

I hereby certify that at the time of the documented supervision I met one of the following criteria:  
 AAMFT Approved Supervisor  AAMFT Supervisor-in-Training  Georgia Board LMFT Approved Supervisor

DESCRIPTION OF PRACTICE SUPERVISED:

OATH

I attest that the supervision described above is a true and accurate representation of this Practicum/Internship experience and supervision.

\_\_\_\_\_  
 Date Signature of Internship/Practicum Supervisor

Subscribed to and sworn before me

this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ .

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

NOTARY SEAL