



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS
AND MARRIAGE AND FAMILY THERAPISTS

237 Coliseum Drive, Macon, Georgia 31217-3858

(478) 207-2440 (Phone) * 866-888-7127 (Fax)

E-Mail: ExamBoards-Healthcare@sos.state.ga.us Website: www.sos.state.ga.us/plb/counselors

APPLICATION FOR MASTER SOCIAL WORKER LICENSURE
REFERENCE FORM * FORM D

- Please type or print legibly.
- Applicants must have references from **two (2) teachers or supervisors** who are familiar with their experience in Social Work.
- **APPLICANT** - Complete Part I, provide this form to your references.
- **REFERENCE** - Complete Part II and return this form to the GA Board Office. The completed form can be mailed, faxed or e-mailed to the Board office. Please submit to GA Board by ONLY one of the preceding methods. 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

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: I 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 _____



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS
AND MARRIAGE AND FAMILY THERAPISTS

237 Coliseum Drive, Macon, Georgia 31217-3858
(478) 207-2440 (Phone) * 866-888-7127 (Fax)

E-Mail: ExamBoards-Healthcare@sos.state.ga.us Website: www.sos.state.ga.us/plb/counselors

APPLICATION FOR MASTER SOCIAL WORKER LICENSURE
REFERENCE FORM * FORM D

- Please type or print legibly.
- Applicants must have references from **two (2) teachers or supervisors** who are familiar with their experience in Social Work.
- **APPLICANT** - Complete Part I, provide this form to your references.
REFERENCE - Complete Part II and return this form to the GA Board Office. The completed form can be mailed, faxed or e-mailed to the Board office. Please submit to GA Board by ONLY one of the preceding methods. 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

Name: _____

PART II - REFERENCE

Name: _____

Address: _____

Day Phone: () () ()

Other Phone: () () ()

Relationship to Applicant: Teacher Supervisor

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

PROFESSIONAL POSITION WHEN TEACHING OR SUPERVISING APPLICANT:

Title: _____

Agency/Institution: _____

Address: _____

RECOMMENDATION: I 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