GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS, AND MARRIAGE AND FAMILY THERAPISTS
https://sos.ga.gov/licensing-division-georgia-secretary-states-office

ASSOCIATE MARRIAGE AND FAMILY THERAPY
PRACTICUM/INTERNSHIP SUPERVISION VERIFICATION
FORM B

INSTRUCTIONS: 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 you're 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 ❒LPC ❒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: Month/Year	TO: Month/Year	TOTAL MONTHS:

SUPERVISION:
This applicant received the following supervision from me:
INDIVIDUAL: _____Hours/Week GROUP: _____ Hours/Week

- I certify that at the time of the documented supervision I met one of the following criteria:

❒ AAMFT Approved Supervisor ❒ AAMFT Supervisor In Training ❒ GA 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

_____
Printed Name