



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

<https://sos.ga.gov/licensing-division-georgia-secretary-states-office>

CLINICAL SOCIAL WORKER
SUPERVISION - MISSING OR DECEASED SUPERVISOR AFFIDAVIT
FORM E

INSTRUCTIONS:

- Please type or print clearly.

The Directed Experience Supervisor must be:

APPLICANT:

- Make every effort to locate the as many of the supervisors who provided your supervision as necessary to document the required supervision hours obtained.
- You may show your diligence with returned mail, copies of letters and verifications from your academic institution, etc.
- If, however, you have obtained sufficient directed experience to meet licensure requirements, but after a diligent search you are unable to locate enough Supervisors to document the required time, you may attest to undocumented Directed Experience by taking the Oath below.
- The Board may require additional information upon review.
- A Form E must be submitted separately to document directed work experience and supervision. Do not combine the hours on one form.

PART I - APPLICANT

NAME: _____

PART II - OATH

Under penalty of perjury, as provided in the Official Code of Georgia Annotated, I hereby aver and swear that I was unsuccessful, after I made a diligent effort, to locate:

Name of Supervisor: _____

who served as my supervisor while I worked under the direction of: _____

Name of Director

at: _____

Name of Clinical Supervisor

Address

City

State

Zip

License Type: Professional Counselor Clinical Social Worker Marriage and Family Therapist Psychologist

Psychiatrist Member of the Academy of Certified Social Workers

Earned an MSW from a CSWE-accredited program

License #: _____ State: _____ Date Issued: _____ Expiration Date: _____ Years of Practice After Licensed: _____

The supervision of my Social Work Practice was provided during the following 12-month period/s:

YEAR 1 OR PART THEREOF	FROM:	TO:	TOTAL HOURS:
YEAR 2 OR PART THEREOF	FROM:	TO:	TOTAL HOURS:
YEAR 3 OR PART THEREOF	FROM:	TO:	TOTAL HOURS:
YEAR 4 OR PART THEREOF	FROM:	TO:	TOTAL HOURS:

_____ Date

_____ Signature of Applicant