



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

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

PROFESSIONAL COUNSELOR
PRACTICUM/INTERNSHIP - MISSING OR DECEASED SUPERVISOR AFFIDAVIT
FORM B

INSTRUCTIONS: Please type or print clearly.

APPLICANTS:

- Make every effort to locate the supervisor(s)/instructor of record as necessary to document the required Practicum/Internship Experience.
- If, however, after a diligent search you are unable to locate the supervisor(s), you may attest to undocumented supervision of practicum/internship by taking the Oath below.
- Please include documentation to show your diligence. Examples include: returned mail, copies of letters, and verifications from your academic institution, etc.
- The licensure information of the supervisor is required.
- The Board may require additional information upon review.

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 Practicum/Internship Supervisor in the practice of Professional Counseling during the period of : _____ to _____ For a Total of _____ Hours
Month/Year Month/Year

and during that period, he/she was licensed as a:

- Professional Counselor
- Clinical Social Worker
- Marriage and Family Therapist
- Psychologist
- Psychiatrist
- Certified Rehabilitation Counselor

License Number: _____ In the State of: _____

I have attached copies of letters and/or returned mail that demonstrates my attempt/s to reach this supervisor.

Date

Signature of Applicant