



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

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

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:

Month/Year

TO:

Month/Year

TOTAL MONTHS:

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