

CLINICAL SUPERVISION TOOLKIT

Reference

A Reference for
LPCA Certified
Professional
Counselor
Supervisor
(CPCS) Training

A Brief Refresher in Being a Clinical Supervisor

Clinical supervisors are responsible for knowing, understanding, teaching, and training future professional counselors/clinicians. Recently, at LPCAGA we have seen an influx of supervisors needing guidance concerning matters ranging from licensure requirements to ethics violations. As a result the Clinical Supervision Committee wants to provide you with reminders that will assist in your provision of quality, professional, and ethics based supervision. See the Do's and Don'ts below.

Please read the following and keep to reference as needed. If you have specific questions that you prefer not to post in the Clinical Supervision Social Circle you may email CPCS@LPCAGA.org.

- **Non Compliance with the Licensure Board is both unprofessional and unwise:** As a supervisor you will undoubtedly interact directly with the licensure board at some point in your career. This can be a stressful process. Remember that the Licensure Board is the entity that supplies your credential to practice. The Licensing Board protects the public not the profession. If documents are requested in an audit, provide them. If you have a hearing for some reason, present yourself professionally not emotionally. Politely comply with every request. If you have questions ask them in a non-confrontational manner. As a supervisor you are a seasoned professional, be sure that you exude this when corresponding with the Licensure Board.
- **Both you and your supervisees are responsible for maintaining accurate supervision records:** There may come a time with the Licensure Board wants to compare your supervision records to those of your supervisee. Unfortunately, if you cannot provide a record stating that your supervisee should have maintained a record will not be a sufficient response for the licensure board. The supervisee is operating under your license.
- **Pay Close attention to dates when signing Licensure Applications:** The accumulation of hours does not start until supervision and direction of the work experience has started (concurrent). Again...the clock does not start until supervision starts, hours accumulated prior to commencing supervision will not be accepted. You may not sign paperwork prior to the three year (36 months and not a day less) anniversary of the exact start date of the supervision. If dates do not match you may receive a reprimand from the Licensure Board and what's worse your supervisee will not be granted licensure.
- **Working beyond your scope of practice is unethical:** Every healthcare discipline and every healthcare organization develops rules to guide providers. As a counselor you operate under the law (your Scope of Practice) and the Licensing Board Code of Ethics (Rule 135-7) Law/Rule-bending in the interest of patient care is risky business, that could cost you, your license. Know the Law, Rules, and your *Code of Ethics*.

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A Brief Refresher in Being a Clinical Supervisor

- **Maintain Clear Boundaries:** Continually reiterate to your supervisees that the supervision relationship is indeed a professional relationship. Boundaries can easily become blurred for supervisors and supervisees as you are operating in a position of authority. Remember that the only things that you can ethically offer your supervisees are supervision services, resources, and referrals.
 - **DON'T:**
 - Gifts are off limits.
 - Proving them with transportation or shelter is off limits.
 - Though positive rapport is necessary be careful not to become a friend, parental figure, or romantic partner to your supervisees.
 - Buying or selling anything to your supervisee is also unethical (even selling your own publication that you believe is a great resource is unethical).
 - Partnering with your supervisees in any business transaction is also unethical.
- **Imposition of Beliefs:** Be certain to speak less and listen more in supervision. Your preferred treatment modality may be different from theirs. As long as they are operating legally, and ethically and “doing no harm” to their clients allow them to explore so they can their sound clinical judgment.



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“No Right to Private Practice” Agreement

For those Supervisees that are Licensed

Statement of Understanding

The undersigned Supervisee understands that he/she has entered into a clinical supervision agreement which, under law and Georgia Composite Board of PC, SW, MFT rules, allows him/her to work toward licensure as an Associate Professional Counselor. Until the process is completed and a license is granted by the state of Georgia you are not permitted to practice privately (i.e. receive payments directly from clients for counseling services).

No Private Practice Allowed

All work must be supervised and directed by an authorized person/superior or agency. Your employer will provide the direction.

Employer: _____

Superior/Directors Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name/Title of Director: _____

Phone Number(s): _____

Email Address (if applicable) _____

As a Licensed Associate Professional Counselor, I understand the following: (initial each item)

____ I may only use the title "Associate Professional Counselor" or "Licensed Associate Professional Counselor" in all documentation, including the informed consent, business cards, etc.

____ I may not go into private practice, even though I am under clinical supervision.

____ I may engage in the practice of Professional Counseling, but only under direction and supervision.

____ My worksite is listed on the "Contract Affidavit" and if I change employment or directors, I will update the "Contract Affidavit" and send to the Ga Composite board within the required two-week period.

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“No Right to Private Practice” Agreement
For those Supervisees that are Licensed

_____ I cannot receive money directly from a client. All compensation I receive must come to me through my employer. My signature below implies that I understand and agree to abide by this provision of the Ga Composite Board.

_____ Failure to follow the above-mentioned guidelines will constitute an ethical violation according to Georgia Composite Board rules and will be grounds for termination of clinical supervision and the filing of a complaint with the Ga Composite Board as required by the Ethics rule 135-7.

Supervisee Signature

Date

Supervisee Name (Printed)

Clinical Supervisor Signature

Date

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EXAMPLE

SUPERVISEE FILE CHECKLIST

- Contract with Clinical Supervisor
- Emergency Contact Form
- Graduate Degree Unofficial Transcript/Copy of Diploma
- Limited Liability Insurance – Copy of Policy
- Licensure Application Contract Affidavit (Complete every time there is a change)
- Work Site Information
- Clinical Supervisor Logs & Notes
- 5 Ethics CEs (biennial) – Copy of Certificate
- Other: _____
- Other: _____
- Supervisee 6-month Evaluations 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____
- Supervisor 6-month Evaluations 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____

YEAR 1: Start Date: _____ **End Date:** _____ **TOTAL # SPV HOURS:** _____

YEAR 2: Start Date: _____ **End Date:** _____ **TOTAL # SPV HOURS:** _____

YEAR 3: Start Date: _____ **End Date:** _____ **TOTAL # SPV HOURS:** _____

YEAR 4: Start Date: _____ **End Date:** _____ **TOTAL # SPV HOURS:** _____

YEAR 5: Start Date: _____ **End Date:** _____ **TOTAL # SPV HOURS:** _____

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EXAMPLE

PROGRESS NOTE CHECKLIST

Behavior	Check if addressed
Counselor observation, client statements	
1. Subjective data about the client – what are the client’s observations, thoughts, direct quotes?	
2. Objective data about the client – what does the counselor observe during the session (affect, mood, appearance)?	
Intervention	
Counselor’s methods used to address goals and objectives, observations, client statements	
1. What goals and objectives were addressed this session?	
2. Was homework reviewed?	
Response	
Client’s progress to the intervention, progress made toward Tx Plan goals and objectives	
1. What is the client’s current response to the clinician’s intervention in the session?	
2. Client’s progress attending to goals and objectives outside of the session?	
Plan	
Document what is going to happen next	
1. What in the Tx Plan needs revision?	
2. What is the clinician going to do next?	
3. What is the next due date?	

General Checklist	Check if addressed
1. Does the note connect to the client’s individualized treatment plan?	
2. Are client strengths/limitations in achieving goals noted and considered?	
3. Is the note dated, signed and legible?	
4. Is the client name and/or identifier included in each page?	
5. Has referral and collateral information been documented?	
6. Does the note reflect changes in client status (e.g., GAF, measures of functioning)?	
7. Are all abbreviations standardized and consistent?	
8. Did counselor/supervisor sign note?	
9. Would someone not familiar with this case be able to read this note and understand exactly what has occurred in treatment?	
10. Are any non-routine calls, missed sessions, or professional consultations regarding this case documented?	

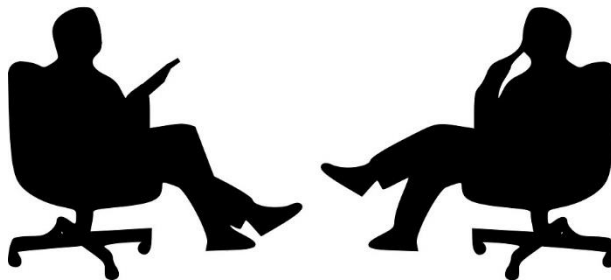
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CONFIDENTIALITY vs PRIVILEGED



What is confidentiality?

Confidentiality refers to the ethical duty of the mental health professional not to disclose information learned from the patient to any other person or organization without the consent of the patient or under proper legal compulsion. The Hippocratic Oath.



What is privileged?

Privilege belongs to patient. The therapist-patient privilege "belongs" to the patient. In legal terms, it is like a piece of property. Only the patient can establish the privilege and take the necessary steps to assert or waive it. The mental health professional must take his or her direction from the patient.

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The ABCs of Ethics for LPCs in Georgia

Courtesy of CPH & Associates, Denis Lane, MA, JD

for more “avoiding liability” resources, please visit <http://www.cphins.com/blog/>

A Abuse Reporting – LPCs are mandated reporters of suspected child abuse, which is defined as physical or sexual abuse, neglect, or exploitation. Reports must be made to DCFS. Failure to report suspected child abuse is a misdemeanor offense. Consult with a supervisor or colleague if you have any question regarding whether a duty to report exists. Document the information reported to DCFS.

B Bartering is defined in the AMHCA Code of Ethics, Section IE, which prohibits the practice if there is a potential for exploitation of the client; or if it creates the potential for conflicts or distortion of the professional relationship. The AMHCA Code also provides: “Bartering may occur if the client requests it, there is no exploitation, and the cultural implication and any concerns of such practice are discussed with the client and agreed upon in writing.”

C Confidentiality is essential in a professional relationship, and must be maintained in compliance with Composite Board Rule 135-7-.03, which recognizes several exceptions to confidentiality. These include client consent; a situation where there is clear and imminent danger to the client or others; or when required by law, as in the case of child abuse reporting, *etc.*

D Dual relationships are defined in Board Rule 135-7-.01(2)(c). This Rule prohibits relationships with clients that create a conflict of interest which can impair the LPC’s professional judgment, harm the client, or compromise the therapy. Prohibited dual relationships are also defined in the AMHCA Code in Section I(A) as including familial, social, financial, business, or close personal relationships. When an LPC discovers during treatment

of a client that a conflict constituting a dual relationship has arisen, the therapist should terminate treatment and refer the client to another provider.

E Ethical Codes contain the generally accepted standards of practice for therapists. The AMHCA Code (Revised 2015) provides excellent guidance for LPCs in their counseling practice. New provisions in the AMHCA Code, adopted in 2015, include guidance concerning the use of technology, concerning Social Media, and clinical supervision. When an ethical conflict arises with another professional, the Code of Ethics requires that you confer with that professional in an effort to resolve the conflict, if possible.

F Fees for treatment services must be fair, and can only be billed by the person who actually provided services to the client. Rule 135-7-.01(2)(h) prohibits an LPC from “charging a fee for anything without having informed the client in advance of the fee.” This Rule also prohibits LPCs from taking action to collect fees “without first advising the client of the intended action and providing the client with an opportunity to settle the debt.”

G Goals of treatment need to be formulated, based upon the therapist’s assessment of the client’s presenting problems, as part of a treatment plan. Rule 135-7-.01(2)(d) provides that unprofessional conduct occurs when an LPC undertakes a course of treatment “when the client or the client’s representative does not understand and agree with the treatment goals.” This suggests that a best practice for therapists would be to prepare a written treatment plan, outlining the goals to be achieved, to be signed by the client after the treatment process and its goals have been explained.

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H

HIPAA Privacy Rule provides that clients are not entitled to access their “psychotherapy notes”, which are defined the same as “session notes”. This Privacy Rule provides

that clients may receive a Progress Report that basically contains a summary of treatment information and the client’s progress in therapy. This Rule also provides that “psychotherapy notes” be kept in the client’s chart separate from the rest of the treatment records. The HIPAA Privacy Rule can be found at 45 CFR Section 164.524.

I

Informed consent is required for all treatment by LPCs in compliance with Rule 135-7-.01.

Many provisions of the Composite Board’s Rules and Regulations, containing the Board’s Code of Ethics require disclosures to clients, which are part of the informed consent process. Informed consent includes informing the client of the presenting problem and goals of therapy, determined by an LPC through the assessment conducted. Other specific disclosures required by an LPC include providing the client with a description of any “foreseeable negative consequences of the proposed treatment” in compliance with Rule 135-7.01(2)(g). When obtaining informed consent for children, whose parents are divorced, obtain a copy of the Court Order which provides for “decision-making authority” to select treatment providers for children. If the parents have joint decision-making authority, they both need to consent to treatment; however, if one parent is granted the sole authority to select treatment providers, that is the individual who must provide informed consent for treatment.

J

Join your Professional Association, LPCA. This will enhance your knowledge of ethical standards, and will give you the opportunity to obtain free continuing education concerning practice issues, changes in Georgia law, and ethical standards. Members also receive newsletters which contain information on these same topics, as well as proposed legislation. Participation by LPCs in their Professional Association is an excellent way for LPCs to contribute to the profession.

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K

Kickbacks – may not be given or received by therapists in exchange for referrals. Such conduct is unethical, in violation of Rule 135-7-.02(2)(g).

L

Liability insurance protects LPCs in professional liability (malpractice) claims and also board complaints. Such insurance, of course, is needed to protect the personal assets of LPCs. When a professional is practicing as an employee of a corporation, that, too, is designed to protect the professional’s personal assets. Keep in mind that the corporation itself must be covered under a professional liability policy which insures both the therapist and the corporation. The group professional liability policy for LPCA members is issued through CPH & Associates.

M

Mental health commitments – LPCs have a duty to initiate a hospital evaluation of a client in compliance with Rule 135-7-.03 “when there is a clear and imminent danger to the client or others”, posed by the client’s mental illness. LPCs have 1013 authority to initiate the hospital evaluation and treatment process. Document carefully any evaluations of a client’s suicidal ideation, threats by the client to harm themselves or others, any consultation obtained regarding action needed, and action taken by the therapist to hospitalize a client or to provide a safety plan.

N

Neglect is defined as the failure of a parent or caretaker to provide proper housing, clothing, food and supervision for a child. Suspected neglect must be reported to DCFS. Improper supervision includes leaving children home alone when they lack the age and maturity to care for themselves, as well as situations in which children are allowed to consume illegal drugs or alcohol.

O

Objectivity must be maintained by LPCs in their counseling relationships, especially when services are provided to children whose parents are separated or divorced. Both

parents need to be assured that the therapist, working with their child, is objective and is working to achieve the best interests of the child. When using assessment instruments, interpreting assessment results, writing reports, or testifying in court, LPCs must remain objective and not let personal feelings or bias influence their professional opinions or conclusions.

P Patient's rights – The AMHCA Code of Ethics provides in Section I(B) that in all mental health services, “clients have the right to be treated with dignity, consideration and respect at all times.” In compliance with the Composite Board’s Code of Ethics contained in its Rule and Regulations, clients have the right to receive informed consent to treatment, which means that they also have the right to refuse treatment. Clients who are hospitalized also have the right to receive treatment in the “least restrictive environment.” When assessment instruments are used, clients ultimately have the right upon request to receive “copies of documents in the possession of the licensee which have been prepared for and paid for by the client.”

Q Questions regarding ethical issues can be raised by LPCA members through the association’s Listserv. In addition, AMHCA members have the ability to pose questions arising from treatment of a client to the Ethics Committee of that organization. When questions regarding ethics arise, of course, they can also be discussed in supervision or in consultation with peers.

R Referrals must be provided to clients whenever treatment is terminated due to a conflict; and must also be provided in compliance with Rule 135-7-.02(2)(f) which requires that an LPC “refer the client to a qualified practitioner when faced with treatment, assessment or evaluation issues beyond the licensee’s competence.” Because LPCs have a duty to provide clients with a referral for services needed, all referrals should be documented by providing the client with a referral in writing.

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S Supervision provides excellent training for supervisees in clinical settings, as therapists gain experience and learn to comply with the clinical, legal and ethical standards applicable.

Obtaining supervision or a consultation is essential when difficult issues arise in order to protect both the client and the therapist. New clinical supervision standards have just been adopted by AMHCA in its Code of Ethics (Revised 2015).

T Termination of treatment is mandated in compliance with Rule 135.7-.01(2)(k) “when it is reasonably clear that the treatment no longer serves the client’s needs or interest”. In addition, LPCs terminate treatment when a conflict arises which could impair the professional’s judgment or harm the client. When conducting a termination session, provide the client with a letter which states that treatment has ended; that no further services will be provided; and that provides referrals to other treatment providers for the sake of continuity of care.

U Unprofessional conduct is discussed throughout the Composite Board’s Rules. For example, unprofessional conduct occurs if a therapist exploits clients for personal or financial advantages; breaches confidentiality; fails to make required disclosures to clients; or fails to comply with other duties imposed by the Board’s Rules. Other examples of unprofessional conduct, in violation of Rule 135-7-.02 include “engaging in dishonesty, fraud, deceit or misrepresentation while performing professional activities;” or “engaging in sexual activities or sexual advances with any client, trainee, or student”.

V Values – a basic ethical principle prohibits therapists from imposing their values on their clients, whether the values arise from religious beliefs, cultural traditions, and other factors.

A therapist’s values informs the individual’s professional judgment. LPCs must use their own values in making determinations concerning whether suspected child abuse has occurred, which needs to be reported. Such decisions are based upon our shared

values which emphasize the protection of children and the prevention of abuse.

W

Waiver of a right by a client occurs, for example, when the individual releases confidential information and consents to its disclosure, as specified in writing.

Confidentiality of treatment information is a most basic right of the client: only the client can waive that right, not the therapist.

X

Expert witnesses are entitled to be paid for their time, when required to testify in court. Who is an expert? An LPC, subpoenaed to testify in court concerning their assessment of a client, the client's presenting problems, the treatment goals and the treatment plan, is an expert witness. The fact that you are "an expert" does not mean that you are conducting a forensic evaluation; it simply means that you possess expertise, based upon your education, training and licensure, which form the basis for your professional opinions and conclusions.

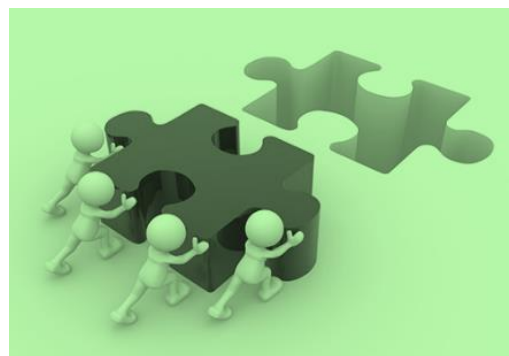
Y

Your best defense, in the event of a complaint to the Composite Board, may be provided by your treatment notes and records. Keeping good treatment records enables you to explain any decision that you have made, whether it is your assessment of the client's mental health problems, your treatment plan, or your determination that a client poses a clear and present danger to self or

others, thereby justifying the need for hospital treatment. "S.O.A.P. Notes" and "D.A.P. Notes" are both excellent methods of capturing a client's presentation and problems during a treatment session, as well as your observations, assessment, and plan for helping a client. When insurance companies conduct "utilization reviews" or audits of panel providers, they may demand that you provide treatment records in order to justify that the treatment which you provided was "reasonable and necessary". Maintaining accurate records using S.O.A.P. or D.A.P. Notes should enable you to complete the audit successfully.

Z

Zero tolerance for threats of violence – when a client makes a threat of violence by expressing, "I am going to kill myself" or by saying "I am going to kill my children and myself", those statements demonstrate that a clear and present danger to self or others exists. Such statements indicate the clear intention of the client to either commit suicide or harm others. When confronted with such situations, conduct a thorough evaluation of the danger which exists and the risk posed by the client so that you can take appropriate action. Keep in mind that when clients make threats of violence in airports, in schools, or in the workplace, zero tolerance exists for such threats. In our society at this time, we must err on the side of protecting people – clients and the public – when threats of violence are communicated.



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Associate Professional Counselor Application



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APPLICATION FOR LICENSURE AS AN ASSOCIATE PROFESSIONAL COUNSELOR

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

237 Coliseum Drive, Macon, Georgia 31217

Phone (478) 207-2440 * <http://sos.ga.gov/index.php/licensing/plb/43>

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Professional Counseling in the State of Georgia. Visit the web site at <http://sos.ga.gov/index.php/licensing/plb/43>

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void after one year and you will have to reapply.

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application.

The **NON-REFUNDABLE APPLICATION FEE** made payable to Georgia Professional Counselors, Social Workers, and Marriage & Family Therapists must be included with the application. (Please see Fee Schedule at the Board's website)

PLEASE ACCESS BOARD RULE 135-5-.01 ASSOCIATE PROFESSIONAL COUNSELOR LICENSURE REQUIREMENTS FROM OUR WEBSITE AT [HTTP://SOS.GA.GOV/INDEX.PHP/LICENSING/PLB/43](http://sos.ga.gov/index.php/licensing/plb/43)

- APPLICATION:** The application must be mailed to the Board's office at the address listed above, along with your **FEE**. All questions must be answered. Any question answered "yes", requires further documentation to be submitted. Request official court documents to be submitted to the Board and provide an explanation if you have had any criminal convictions or charges, or sanctions by another state licensing board. The Board will review a **complete** application with all required documentation during their next available meeting. Approval of licensure is at the Board's discretion.
- NATIONAL BOARD SCORES:** All applicants are required to take and pass **either** the National Counselor Examination (NCE) **OR** the National Clinical Mental Health Counseling Examination (NCMHCE) offered by the National Board for Certified Counselors (NBCC). If you have taken and passed one of these exams, please contact the National Board's administrative offices at (336) 482-2856 or visit www.nbcc.org to request certification of your exam score report to Georgia. If not, you will be required to take and pass one of these exams before a license can be issued. **You must submit the exam fee directly to NBCC once you obtain exam approval, do not include the examination fee with your application.**
- DEGREE TRANSCRIPT:** All applicants for licensure must have graduated with a master's degree primarily counseling in content from an institution accredited by a regional body recognized by the Council on Higher Education Accreditation. An **official** college transcript certifying the grades, degree conferred and the date awarded **must be received in this office directly from the Registrar of the college/school.** **NOTE: IF YOUR NAME HAS CHANGED SINCE YOU ATTENDED SCHOOL,** please make a note on the application advising of your former name(s) so we can match the documents with your application.
- OTHER STATE LICENSURE CERTIFICATION:** If you are currently licensed, or have **ever** been licensed, in another state(s), please have that state(s) officially verify the license directly to the Board's office either by fax to 866-888-7127, e-mail to verifications@sos.ga.gov or by USPS mail service.

- AFFIDAVIT OF CITIZENSHIP:** Please complete the Affidavit of Citizenship and submit the notarized document with your application.
- SECURE AND VERIFIABLE DOCUMENT:** As noted on the Affidavit of Citizenship form, you must submit a secure and verifiable document such as a driver's license, passport, or other acceptable document with this application. A complete list of acceptable documents may be found at: http://sos.ga.gov/index.php/licensing/secure_and_verifiable_documents
- CONTRACT AFFIDAVIT:** Please submit the five page contract affidavit with documentation completed by your Employer (Director) and Supervisor (the person who will be providing the clinical supervision) documenting the current post-master's directed experience and supervision being obtained. Prior experiences that have already ceased should not be reported on the Contract Affidavit. All 5 sections of the Contract Affidavit must be completed.
- REFERENCES:** Please submit references from two (2) teachers or supervisors who are familiar with your experience in Professional Counseling on Form D.
- IMPORTANT:** Applicants, please note when accessing your application status on our website under the *Online Services* category *Check the Status of an Application*, that checklist items that have been moved over to the completed column only means that those documents have been received, it is not an indication that the documentation has been approved by the Board. This tool is to be used as an option for you to monitor your application for items received as you are going through the licensure process. Please allow five to seven business days after submission of documents for the documents to be processed into your application file. The checklist items will not be updated until the documentation is processed into the file.

Only the Georgia Composite Board of Professional Counselors, Social Workers and Marriage & Family Therapists has the authority to approve or deny an application for licensure. **Every application file must be submitted to the Board for review.** The Board meets monthly to review applications and conduct other Board business. Once your application file has been reviewed by the Board, you will receive written communication of the Board's decision within five to ten working days after the Board meeting.

PLEASE DO NOT INCLUDE THESE INSTRUCTIONS/CHECKLIST WITH YOUR APPLICATION WHEN MAILING IT TO THE BOARD OFFICE. THIS CHECKLIST IS FOR YOUR USE ONLY.

PART II - POST-MASTER'S DIRECTED EXPERIENCE UNDER SUPERVISION

The number of years of Post-Master's Directed Experience under Supervision required for licensure as Professional Counselor depends on the graduate degree that you hold. See Board Rule 135-5-.02.

Yes No - I have completed and am submitting as part of this Application the Post-Master's Directed Experience Under Supervision Contract Affidavit found on pages 10-14 of this application. Please note that applicants will not be eligible for licensure until this documentation is submitted.

PART III - PROFESSIONAL BACKGROUND

ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS. IF "YES," TO 1 THROUGH 9, ATTACH A DETAILED EXPLANATION AND PRINT AND COMPLETE THE "CONSENT FORM FOR BACKGROUND CHECK" AND SUBMIT WITH YOUR APPLICATION (Available on the same webpage as this application)

- Yes No 1. Are you unable to practice safely as a result of use of alcohol or other drugs?
- Yes No 2. Have you been denied professional licensure or renewal because of a license disciplinary proceeding?
- Yes No 3. Have you ever had a license to practice social work, counseling, marriage and family therapy, or any other profession revoked, suspended or annulled or otherwise sanctioned, including by private order, by any board or agency in Georgia or any other state, territory, or country?
- Yes No 4. Have you been subject to disciplinary action or had your membership revoked by any professional organization?
- Yes No 5. Have you knowingly failed to renew a license during an investigation of a disciplinary matter against you?
- Yes No 6. To the best of your knowledge, is there any disciplinary action or investigation pending against you by any licensing board, agency, or professional organization?
- Yes No 7. Have you ever been convicted of any criminal offense?
- Yes No 8. Have you ever been arrested or convicted of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DUI and DWI are not minor traffic violations.) For purposes of this question, a "conviction" includes a finding of verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge (s). NOTE: The answer to this question is "YES" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.

If you answered "yes," to # 8 above, you must include a certified copy of the court records and final disposition from the court with your application. In the event the file no longer exists, you must submit documentation from the court stating that fact. Also include a personal letter of explanation regarding each incident, and the Consent Form For Background Check (found on the same webpage as this application). Failure to submit all required supporting documentation may result in processing delays.

- Yes No 9. Have you been the defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded expenses?
- Yes No 10. Do you now hold or have you ever held a license as a counselor in any jurisdiction? If "yes" complete the following:
Jurisdiction _____ License No. _____
Date Issued _____ Expiration _____
- Yes No 11. Have you previously applied for the same license for which you are currently applying? If "yes" name under which application was submitted: _____
- Yes No 12. Have you ever served on active duty in the Armed Forces, the Reserves or the National Guard during wartime or during any conflict when military personnel were committed by the President? If "Yes," you may be eligible for Veterans' Preference Points to be added to your examination score. Submit your DD214 Form to the Board office.

PART IV – GRADUATE EDUCATION

- Complete this part for the graduate degree that you want the Board to consider as part of this application.
- List any additional courses you want considered as part of this Application.
- Direct the Registrar of your institution(s) to send an official copy of your transcript directly to the Board office.

DEGREE

- Master's
 Master's – Specialist (Ed.S)
 Ph.D./Ed.D

(NOTE: Transcript MUST indicate the degree checked above has been awarded)

Date Awarded:

Program/Major:

Name of Institution:

Street Address:

City/State/Zip:

ADDITIONAL COURSEWORK

COURSE TITLE AND NUMBER	INSTITUTION

PART V – REQUIRED COURSEWORK

- List the titles and numbers of courses from your transcript(s), which satisfy the professional counseling content area requirements.
- This must be graduate level coursework from an accredited institution to demonstrate that the degree is **primarily counseling in content or in a program of applied psychology**.
- See Board Rule 135-5-.01 for the coursework criteria.

COUNSELING/PSYCHOTHERAPY THEORY

INSTITUTION	COURSE #	COURSE TITLE

COUNSELING OR APPLIED PSYCHOLOGY PRACTICUM OR INTERNSHIP

I - HUMAN GROWTH AND DEVELOPMENT

II – MULTICULTURAL COUNSELING OR DIVERSITY TRAINING

III - COUNSELING TECHNIQUES OR SKILLS OR ADVANCED PSYCHOTHERAPY/INTERVENTION THEORY		
IV - GROUP DYNAMICS AND GROUP COUNSELING/PSYCHOTHERAPY		
V - LIFESTYLE AND CAREER DEVELOPMENT		
VI - APPRAISAL/ASSESSMENT OF INDIVIDUALS		
VII - RESEARCH METHODS AND EVALUATION OR RESEARCH STATISTICS		
VIII - PROFESSIONAL ORIENTATION & ETHICS		
IX PSYCHOPATHOLOGY		

Affidavit Regarding Citizenship

Please submit this document along with a copy of your secure and verifiable document to the Board office as indicated on the application.

Print Name: _____

APC Applicant

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

1) ____ I am a United States citizen. **Please include a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website with this form.**

2) ____ I am **not** a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please include a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in _____ (City), _____ (State)

Signature of Applicant _____

Printed Name of Applicant _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

DAY OF _____, 20 _____

Notary Seal

Notary Public

My Commission Expires _____

NOTE: Incomplete affidavit forms will not be accepted and will delay the processing of your application.



COMPOSITE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS AND MARRIAGE AND FAMILY
THERAPISTS
237 Coliseum Drive, Macon, Georgia 31217-3858
(478) 207-2440 [Telephone]
www.sos.state.ga.us/plb/counselors

APPLICATION FOR ASSOCIATE PROFESSIONAL COUNSELOR
PERSONAL 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 Professional Counseling.
- **APPLICANT** - Complete Part I, give this form to your references with an envelope addressed to yourself. Retrieve the completed form from your reference for inclusion with your application or fax to 866-888-7127.
- **REFERENCE** - Complete Part II, enclose this form in the envelope provided to you by the applicant, seal the envelope, sign your name across the envelope flap and return it to the application or fax to 866-888-7127.
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 (Please print clearly)

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: 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 [Telephone]
www.sos.state.ga.us/plb/counselors

APPLICATION FOR ASSOCIATE PROFESSIONAL COUNSELOR
PERSONAL REFERENCE FORM
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- **APPLICANT** - Complete Part I, give this form to your references with an envelope addressed to yourself. Retrieve the completed form from your reference for inclusion with your application or fax to 866-888-7127.
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PART I – APPLICANT (Please print clearly)

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

PART III – SUPERVISION

TO BE COMPLETED BY THE SUPERVISOR

- "SUPERVISION" is the direct clinical review, for the purposes of training or teaching, by a supervisor of interaction with a client/s in order to promote the development of clinical skills. It may include, but is not limited to, the review of case presentations, audiotapes, videotapes, and direct observation.
- The supervisor assumes complete clinical responsibility for all clients. Supervision does not require the supervisor to be present at the work site with the supervisee. Both supervisors and supervisees are required to maintain a contemporaneous record of the date, duration, type (individual, paired, or group), and a brief summary of the pertinent activity for each supervision session to be submitted to the Board upon request. If there are any discrepancies in hours, contemporaneous documentation of supervision will be requested.
- **IMPORTANT:** The requirements to be eligible to serve as a supervisor differ for Professional Counseling, Social Work and Marriage and Family Therapy. The number of hours and type (individual and/or group) of supervision is also specific to each license. See Chapter 135-5, Rules of the Composite Board for the precise requirements.
- **NOTE: SUPERVISOR and APPLICANT must complete PART V, Plan for Supervision.**

SUPERVISOR

APPLICANTS/APC LICENSEE NAME: _____

PRINTED NAME OF SUPERVISOR: _____

Supervisor Credentials (Required for LPC Supervisors only): ACS # _____ or CPCS # _____

Supervisor's License Type: LPC LCSW LMFT Psychologist Psychiatrist CRC License # _____

Date License Originally Issued: _____ Expires: _____ State: _____ Highest Earned Degree: _____

HOME TELEPHONE: () _____

OFFICE TELEPHONE: () _____

SUPERVISOR'S EMPLOYMENT SITE:

ADDRESS: _____
Street City State Zip Code

Do you have any current or prior relationship with the applicant/employee? No Yes If "Yes," please explain:

Do you plan to deliver any supervision via technology-assisted media? No Yes

If yes, have you completed the continuing education required for Tele-Mental Health Supervision per Board Rule 135-11-.01?
 No Yes

Please circle the type of supervision you will be providing: Individual Paired Group

If group, how many supervisees are scheduled to attend each session? _____

AFFIDAVIT AND SIGNATURE

I attest that I have read and understand O.C.G.A. Title 43, Chapter 10A, and Chapter 135 of the Board's Rules and I agree to comply completely with all laws of the State of Georgia and the Rules of the Composite Board governing the practice of any specialty licensed by the Board.

I attest that should I deliver supervision via technology-assisted media from one site while the supervisee is located at a distant site that I have obtained the training of a Tele-Mental Health supervisor as required per Board Rule 135-11-.01.

I do hereby affirm under penalty of perjury that all statements made and information contained above are true and correct to the best of my knowledge and belief. Further, I hereby authorize the release of any information relating to information contained in this form that may be necessary to verify the accuracy of the information contained herein.

Signature of Supervisor

Printed Name

Date

Subscribed and sworn before me this _____ Day of _____, 20_____.

Notary Public

My Commission Expires: _____

NOTARY SEAL

01-29-2019

PART IV – TRAINING EXPERIENCE AND PLAN FOR DIRECTION

*** TO BE COMPLETED BY THE DIRECTOR ***

As Director, I understand direction means the ongoing administrative oversight by me as an employer or superior of this applicant's work. As Director, I understand I am either the employer or the administrative superior of this applicant, and I am responsible for:

- Providing direction and oversight for this applicant;
- Ensuring the applicant is provided opportunities for progression of professional counseling skills and techniques;
- Assuring the quality of the services rendered by this applicant;
- Ensuring qualified supervision or intervention occurs in situations requiring expertise beyond that of the applicant; and,
- Ensuring work site(s) include a formal structure related to the practice of professional counseling as defined in Rule 135-5-.01(a) (1). Work site(s) must have measurable, detailed documentation for this applicant, as well as a signed contractual agreement that outlines job description, office hours, performance review procedures, and dismissal policies.

Signature of Director

Signature of Applicant/APC Licensee

As Director, I understand direction and clinical supervision are separate requirements but must occur concurrently. Administrative Supervision emphasizes conformity with administrative and procedural aspects of a work site(s). Clinical supervision emphasizes improving and developing counseling skills of the applicant.

Signature of Director

Signature of Applicant/APC Licensee

As Director, I understand "non-compensated" experiences or services will be reviewed on a case by case basis to determine acceptability in defining the working relationship for the purposes of obtainment of the required directed work experience, and I understand the agreement between the work site and the candidate should be akin to employment.

Signature of Director

Signature of Applicant/APC Licensee

As Director, I understand the applicant may, at the discretion of the Board, be required to submit documentation to ensure compliance and understanding of these requirements in regard to the directed experience site(s), and substantiating:

- The nature of the working relationship with the applicant.
- The formal structure of the organization.
- Any other licensed or associate licensed individuals working within the organization.

As Director, I agree to comply with each of these requirements and understand that an inability to do so will result in disqualification of the directed hours accrued for the applicant. I certify each statement is true and correct to the best of my knowledge:

Provide a brief description of the professional counseling services this Applicant/APC will provide to the public:

By my signature below, I affirm the above to be true:

Signature of Director

Date

Signature of Applicant/APC Licensee

Date

(Both Director and Applicant/APC Licensee MUST sign)

PART V – PLAN FOR SUPERVISION

To be completed by the Supervisor and Applicant/APC Licensee

- Contract affidavit must specify the number of hours per week to meet the minimum thirty five (35) hours required per year.

Applicant/APC Licensee (printed name) _____ will receive _____ hours of supervision per week.

Both supervisors and supervisees are required to maintain a contemporaneous record of the date, duration, type (individual, paired, or group), and a brief summary of the pertinent activity for each supervision session to be submitted to the Board upon request. If there are any discrepancies in hours, contemporaneous documentation of supervision will be requested.

By initialing each statement below, I certify each statement is true and correct to the best of my knowledge:

SUPERVISOR AGREES TO:

- Ensure compliance with current Georgia Composite Board of Professional Counselors, Social Workers, and Marriage & Family Therapist Rules.
Provide ongoing, clinical supervision in a professional setting.
Ensure that supervision of the supervisee is compliant with Board rules 135-5-.01, 135-5-.02 and 135-11-.01.
Discuss and review case notes, charts, records, and available audio or video for clients with the applicant.
Review and closely supervise the applicant and all problem cases, providing special attention to assessments, treatment planning, ongoing case management, emergency intervention, record keeping, and termination.
Focus on the appropriateness of the treatment plans and monitor the appropriateness of clients served based on the applicant's therapeutic skill. Direct the applicant to refer clients who fall beyond their level of competence.
Maintain confidentiality of all client and supervisory materials.
Review the Georgia licensing laws (OCGA 43-10A), Board rules (135-5), and Code of Ethics (135-7) with applicant.
Seek timely clarification/consultation from the Board if there are any problems or conflicts between commitments to agency, administrative supervisor, and client or other conflicts relating to the authority, or shared responsibility for fulfilling the responsibilities under this Plan.
Establish and maintain a record-keeping system to track the direct client contact and supervision hours. Supervisor will be prepared to provide supporting documentation verifying the accuracy of information reported, if requested by Board.
Notify the Board in writing of any changes to supervisor's business address and phone number or change in credential status.
Notify the Board in writing of any interruption or proposed termination of the plan.

APPLICANT/APC LICNSEE AGREES TO: (Applicant/APC Licensee MUST initial each statement below)

- Abide by the Code of Ethics for Counselors and Therapists as specified in Board rule: Code of Ethics 135-7.
Establish and maintain a record keeping system to track the direct client contact and supervision hours. Applicant must be prepared to provide supporting documentation verifying the accuracy of information reported, if requested by Board.
Submit requests to change or modify the "Work and/or Supervision Plan" to Board prior to implementing changes by submission of a new Contract Affidavit.
Ensure supervisor has authority to review records, determine appropriateness of records, direct referrals of inappropriate clients, determine caseload, and report to Board.

Signature of Supervisor

Date

Signature of Applicant/APC Licensee

Date

(Both Supervisor and Applicant/APC Licensee MUST sign)

Reference

Professional Counselor Application



Disclaimer: These materials have been prepared for information purposes only and are not legal advice. This information is not intended to create, supplement and receipt of it does not constitute Legal advice. Readers should not act upon this information without reading the rules and laws listed on the Secretary of State Georgia Composite Board of Licensed Professional Counselor, Social Workers, and Marriage and Family Therapist (the "board").



APPLICATION FOR LICENSURE AS A PROFESSIONAL COUNSELOR

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

237 Coliseum Drive, Macon, Georgia 31217-3858

Phone (478) 207-2440

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Professional Counseling in the State of Georgia. Visit the following web site for information: <http://www.sos.state.ga.us/plb/counselors>

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void after one year and you must reapply.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application.

The NON-REFUNDABLE APPLICATION FEE made payable to Georgia Professional Counselors, Social Workers, and Marriage & Family Therapists must be included with the application. (Please see Fee Schedule at the Board's website)

PLEASE ACCESS BOARD RULE 135-5-.02 PROFESSIONAL COUNSELOR LICENSURE REQUIREMENTS FROM OUR WEBSITE AT WWW.SOS.STATE.GA.US/PLB/COUNSELORS

- APPLICATION: The application must be mailed to the Board's office at the address listed above, along with your FEE. All questions must be answered. Any question answered "yes", requires further documentation to be submitted. Request official court documents be submitted to the Board and provide an explanation if you have had any criminal convictions or charges, or sanctions by another state licensing board. The Board will review a complete application with all required documentation during their next available meeting. Approval of licensure is at the Board's discretion.
- EDUCATION/COURSEWORK SECTION - PART III: ALL applicants are required to complete the education/coursework section of this application.
- NATIONAL BOARD SCORES: All applicants are required to take and pass either the National Counselor Examination (NCE) OR the National Clinical Mental Health Counseling Examination (NCMHCE) offered by the National Board for Certified Counselors (NBCC). If you have taken and passed one of these exams, please contact the National Board's administrative offices at (336) 482-2856 or visit www.nbcc.org to request certification of your exam score report to Georgia. If not, you will be required to take and pass one of these exams before a license can be issued. You must submit the exam fee directly to NBCC once you obtain exam approval, do not include the examination fee with your application. If you hold an APC license in Georgia and your exam score report is already on file, you are not required to resubmit it.
- DEGREE TRANSCRIPT: All applicants for licensure must have graduated with a master's degree primarily counseling in content from an institution accredited by a regional body recognized by the Council on Higher Education Accreditation. An official college transcript certifying the grades, degree conferred and the date awarded must be received in this office directly from the Registrar of the college/school. If you have an Associate Professional Counselor license in Georgia and your official transcript is already on file, you will not need to resubmit another transcript unless you have obtained a higher degree. NOTE: IF YOUR NAME HAS CHANGED SINCE YOU

ATTENDED SCHOOL, please make a note on the application advising of your former name(s) so we can match the documents with your application. If you hold an APC license in Georgia and your official transcript is already on file, you are not required to resubmit it.

- FORM A/INTERNSHIP SUPERVISION VERIFICATION: The instructor of record at the college or university or the Site Supervisor may provide verification of the Internship which was part of your graduate degree program. To obtain credit for your internship either Form A or Form B is required.
- OTHER STATE LICENSURE CERTIFICATION: If you are currently licensed, or have ever been licensed, in another state(s), please have that state(s) officially verify the license directly to the Board's office either by fax to 866-888-7127, e-mail to verifications@sos.ga.gov or by USPS mail service.
- FORM C- POSTMASTER'S DIRECTED WORK EXPERIENCE: This form must be completed by the employer/director and document the hours required to meet minimum licensure requirements. For a missing or deceased employer/director, Form D may be submitted. Documentation of attempts to contact employer/director is required. This form is required from all exam and exam waiver applicants. Page 8 of this application is required to be completed to summarize the Forms C submitted. Note: The total hours are required to be listed on the form for the reported time period. The dates (month, day, year) are required to be listed on the forms. The Board will not accept hours per week in lieu of total hours and will not accept "to present/current" in lieu of the month, day, year.
- FORM E -POSTMASTER'S CLINICAL SUPERVISION VERIFICATION: This form must be completed by an eligible supervisor that has provided clinical supervision which means the direct clinical review, for the purpose of teaching or training, of a professional counselor's interaction with client(s) and document the hours required to meet minimum licensure requirements. For a missing or deceased supervisor, Form F may be submitted. Documentation of attempts to contact employer/director is required. This form is required from all exam and exam waiver applicants. Page 8 of this application is required to be completed to summarize the Forms E submitted. Note: The total hours is required to be listed on the form for the reported time period. The dates (month, day and year) are required to be listed on the forms. The Board will not accept "to present/current" in lieu of the month, day, year.
- FORM G - REFERENCES: Please submit references from two (2) teachers or supervisors who are familiar with your experience in Professional Counseling. Current references are required from all exam and exam waiver applicants. ALL applicants are required to submit two current LPC Form G references.
- IMPORTANT: Applicants, please note when accessing your application status on our website under the Online Services category Check the Status of an Application that checklist items that have been moved over to the completed column only means that those documents have been received and is not an indication of approval. This tool is to be used as an option for you to monitor your application for items received as you are going through the licensure process.
- A SECURE & VERIFIABLE DOCUMENT & AFFIDAVIT OF CITIZENSHIP (See page 9 of this application) MUST BE INCLUDED WITH APPLICATION. See list of secure & verifiable documents acceptable to the Board on the list provided on the website http://sos.ga.gov/index.php/licensing/secure_and_verifiable_documents - FAILURE TO PROVIDE BOTH OF THESE DOCUMENTS WILL RESULT IN PROCESSING DELAYS OF YOUR APPLICATION.
- Only the Georgia Composite Board of Professional Counselors, Social Workers and Marriage & Family Therapists has the authority to approve or deny an application for licensure. Every complete application file must be submitted to the Board for review. The Board meets monthly to review complete applications and conduct other Board business. Once your application file is complete and has been reviewed by the Board, you will receive written communication of the Board's decision within five to ten working days following the Board meeting date.

PLEASE DO NOT SUBMIT THESE INSTRUCTION PAGES WITH YOUR APPLICATION AND SUPPORTING DOCUMENTS

FOR BOARD USE ONLY
Amount Submitted _____
Date _____
Receipt # _____



FOR BOARD USE ONLY
Certificate Number _____
Date Issued _____
Applicant No. _____

GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS, SOCIAL WORKERS AND MARRIAGE & FAMILY THERAPISTS
237 Coliseum Drive • Macon, Georgia 31217 • (478) 207-2440

www.sos.state.ga.us/plb/counselors

APPLICATION FOR LICENSURE AS A PROFESSIONAL COUNSELOR

Application Fee \$100 (non-refundable)

Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20.

Applications are valid for (1) one year ONLY

Additional License Types (currently or previously issued by any Georgia Professional Licensing Board): _____

Method Obtained by: Please check one

- () Examination (Check ONLY if you have NEVER taken OR passed the NCE or NCMHCE thru NBCC)
() Examination Waiver (Check ONLY if you have taken and passed the NCE or NCMHCE thru NBCC)

Name _____
Last First Middle

Name as shown on exam records or transcripts

(If different) _____
Last First Middle

*Social Security Number _____

Date of Birth _____

*(This information is authorized to be obtained & disclosed to State & Federal agencies pursuant to O.C.G.A §19-11-1 & O.C.G.A. §20-3-295,42 U.S.C.A. §551 & 20 U.S.C.A. § 1001).

Physical Address _____

**Number and Street Apt. No City/State Zip

** (P.O. Box not acceptable – If you are granted a license, your name, mailing address and license number are public information and your mailing address will appear on the internet. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change).

Mailing Address _____

(If different) _____
Number and Street Apt. No City/State Zip

Telephone Number Day Telephone Number Evening ***Email Address (Please print clearly)

***Acknowledgement of your application will be sent by e-mail. Also, if any additional information is needed, e-mail is the most efficient way for the Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any e-mail address change. YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.

Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

PART I

APPLICATION FOR PROFESSIONAL COUNSELOR LICENSURE
BY EXAMINATION OR EXAMINATION WAIVER

- Please type or print clearly.
- Refer to Application Checklist for additional information.
- Rules available @ www.sos.ga.gov/plb/counselors
- Attach Fee. Refer to Fee Schedule. Application fee is non-refundable.

I currently hold License # _____ from the State of _____
which was issued on _____ and expires on _____.

I have provided verification of this license to the Board by completing Form N and requesting that the above-referenced state return that Form, or their own verification form/document, to the GA Board office.

PART II - PROFESSIONAL BACKGROUND

ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS. IF "YES," TO 1 THROUGH 9, ATTACH A DETAILED LETTER OF EXPLANATION AND SUPPORTING COURT OR RELATED DOCUMENTS OF THE DISPOSITION OF THE ISSUE.

- Yes No 1. Are you unable to practice safely as a result of use of alcohol or other drugs?
- Yes No 2. Have you been denied professional licensure or renewal because of a license disciplinary proceeding?
- Yes No 3. Have you ever had a license to practice social work, counseling, marriage and family therapy, or any other profession revoked, suspended or annulled or otherwise sanctioned, including by private order, by any board or agency in Georgia or any other state, territory, or country?
- Yes No 4. Have you been subject to disciplinary action or had your membership revoked by any professional organization?
- Yes No 5. Have you knowingly failed to renew a license during an investigation of a disciplinary matter against you?
- Yes No 6. To the best of your knowledge, is there any disciplinary action or investigation pending against you by any licensing board, agency, or professional organization?
- Yes No 7. Have you ever been convicted of any criminal offense? If yes, provide certified copies of the court disposition.
- Yes No 8. Have you ever been arrested or convicted of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DWI and DUI are not minor traffic violations.) For purposes of this question, a "conviction" includes a finding of verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge (s). NOTE: The answer to this question is "YES" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.

If you answered "yes," to # 8 above, you must include a certified copy of the court records and final disposition from the court with your application. In the event the file no longer exists, you must submit documentation from the court stating that fact. Also include a personal letter of explanation regarding each incident, and the Consent Form for Background Check (found on the same webpage as this application). Failure to submit all required supporting documentation may result in processing delays.

Yes No 9. Have you been the defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded expenses?

Yes No 10. Do you now hold, or have you ever held, a license as a licensed professional counselor (or equivalent) in any other state or jurisdiction? If "yes" complete the following:
 Jurisdiction _____ License No. _____
 Date Issued _____ Expiration _____
 Please request each licensing board submit verification of license to Georgia-Form N or on their own form/document

Yes No 11. Have you previously applied for the same license for which you are currently applying? If "yes" name under which application was submitted: _____

Yes No 12. Have you ever served on active duty in the Armed Forces, the Reserves or the National Guard during wartime or during any conflict when military personnel were committed by the President? If "Yes," you may be eligible for Veterans' Preference Points to be added to your examination score. Submit your DD214 Form to the Board office.

PART III - GRADUATE EDUCATION

INSTRUCTIONS:

- Complete this part for the graduate degree that you want the Board to consider as part of this application.
- List any additional courses you want considered as part of this Application.
- Direct the Registrar of your institution(s) to send an official copy of your transcript directly to the Board office.
- Descriptions of the Content Areas can be found in Board Rule 135-5-.02.

DEGREE

Master's Master's - Specialist (Ed.S.) Master's - Rehabilitation Counseling/CRC* Ph.D./Ed.D.

*If you are applying as a Rehabilitation Counseling/CRC applicant, please include verification of your CRC certification.

(Official transcript MUST indicate degree awarded and checked above)

Date Awarded:

Program/Major:

Name of Institution:

Street Address:

City/State/Zip:

ADDITIONAL COURSEWORK

COURSE TITLE AND NUMBER	INSTITUTION

REQUIRED COURSEWORK

- List the titles and numbers of courses from your transcript(s) which satisfy the professional counseling content area requirements.
- This must be graduate level coursework from an accredited institution to demonstrate that the degree is primarily counseling in content or a program in applied psychology.
- See Board Rule 135-5-.02 for descriptions of each content area
- Please note: A course may only be documented one time in one content area.
- This section is required to be completed by ALL applicants

**COUNSELING/PSYCHOTHERAPY THEORY
(required course)**

INSTITUTION	COURSE#	COURSE TITLE

COUNSELING OR APPLIED PSYCHOLOGY PRACTICUM OR INTERNSHIP

A MINIMUM OF SIX (6) OF THE FOLLOWING NINE (9) CONTENT AREAS ARE REQUIRED

I - HUMAN GROWTH AND DEVELOPMENT

II - MULTICULTURAL COUNSELING OR DIVERSITY TRAINING

III – COUNSELING TECHNIQUES OR SKILLS, OR ADVANCED PSYCHOTHERAPY/INTERVENTION THEORY

IV - GROUP DYNAMICS AND GROUP COUNSELING/PSYCHOTHERAPY

V - LIFESTYLE AND CAREER DEVELOPMENT

VI - APPRAISAL/ASSESSMENT OF INDIVIDUALS

VII - RESEARCH METHODS AND EVALUATION OR RESEARCH STATISTICS

VIII - PROFESSIONAL ORIENTATION & ETHICS

IX PSYCHOPATHOLOGY

PART IV – PRACTICUM/INTERNSHIP and POST-MASTER’S DIRECTED EXPERIENCE UNDER SUPERVISION

Practicum/Internship – Complete Form A

*The applicant may present evidence of a supervised practicum or internship completed as part of the graduate degree program.

Did not complete a practicum/internship

Institution /Date of Degree/Course #	Location of Internship/Practicum	Dates of Internship/Practicum

_____ Check here if the director/supervisor is Missing or Deceased. Must Complete Form B.

****THIS PAGE IS REQUIRED TO BE COMPLETED****

Post-Master's Directed Experience Under Supervision

*The number of years of Post-Master's Directed Experience in professional counseling under Supervision required depends on the graduate degree you hold. Please review Board Rule 135-5-.02 for the requirements. The Board rules can be found on the Board's website <http://www.sos.ga.gov/plb/counselors> under the "Laws, Policies & Rules" heading.

Summary of Directed Experience and Supervision

Complete this information to provide a clear record of how you have completed the required directed experience under supervision required for licensure. Directed experience and supervision **MUST** be documented on the appropriate forms. If your director or supervisor is deceased or you are unable to contact them, complete Form D and Form F and provide evidence of due diligence in trying to contact them. Please note that post-master's directed work experience and supervision must be obtained concurrently and should not be reported for more than a 5 year/60 month period.

Post Master's Directed Work Experience – Complete form C and provide a summary of the Forms C below.

_____ Check here if the director/supervisor is Missing or Deceased. Complete Form D

Director	Location	Dates of Experience	Hours	Deceased - Missing?

Post Master's Clinical Supervision – Complete Form E and provide a summary of the Forms E below:

Dates of Supervision and Directed Experience must be concurrent.

_____ Check here if the supervisor is Missing or Deceased. Complete Form F.

Supervisor	Degree	License Type	Dates of Supervision	Total Hours	Deceased or Missing?

Affidavit Regarding Citizenship

Please submit this document along with a copy of your Secure and Verifiable document to the Board office as indicated on the application.

Print Name: _____

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

1) ____ I am a United States citizen. You **MUST** submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document. A listing of acceptable documents can be found on the PLB website, www.sos.ga.gov/plb.

2) ____ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. You **MUST** submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number A listing of acceptable documents can be found on the PLB website, www.sos.ga.gov/plb.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in _____ (City), _____ (State)

Signature of Applicant _____

Printed Name of Applicant _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

DAY OF _____, 20 _____

Notary Seal

Notary Public

My Commission Expires _____



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS,
 SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS
 237 Coliseum Drive, Macon, Georgia 31217-3858
 (478) 207-2440 (Telephone)
www.sos.state.ga.us/plb/counselors

PROFESSIONAL COUNSELOR
 PRACTICUM/INTERNSHIP SUPERVISION VERIFICATION — FORM A

Please type or print clearly.

APPLICANTS:

- Complete Part I and submit to your Practicum/Internship Supervisor. See Board Rule 135-5-.02
- If you have more than one practicum or internship, submit a form for each. You may photocopy this form.

PRACTICUM/INTERNSHIP SUPERVISOR:

Complete Part II, noting requirements.

The Practicum/Internship must:

- Be part of the master's degree program for master's level applicants or doctoral degree program for doctoral level applicants.

The Practicum/Internship Supervisor must:

- Be the Instructor of Record at the college or university or the Site Supervisor; and
- Be licensed — as a Professional Counselor, Clinical Social Worker, Marriage and Family Therapist, Psychologist, Psychiatrist — or be a Certified Rehabilitation Counselor. See Board Rule Chapter 135-5-.02 for further details.

PART I - APPLICANT

FULL NAME:

PART II — SUPERVISOR

NAME:

ADDRESS:

_____ Street _____ City _____ State _____ Zip Code _____

TELEPHONE: () _____

FAX: () _____

TYPE OF LICENSE:

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

LICENSE #:

STATE:

ORIGINAL DATE ISSUED:

EXP. DATE:

Highest Level of Education Completed Master's _____ Master's Specialist _____ EdD _____ PhD _____ Other _____

CERTIFICATION OF SUPERVISION:

I hereby certify that I supervised the Internship/Practicum of the above-named applicant who practiced Professional Counseling work at:

NAME OF PRACTICUM/INTERNSHIP SITE: _____

FROM: _____ TO _____ FOR A TOTAL OF _____ HOURS.
 MONTH/YEAR MONTH/YEAR # HOURS

DESCRIBE THE PRACTICE SUPERVISED: _____

VERIFICATION: I attest that I provided the supervision described above and that this is a true and accurate representation of this supervision.

 Date
 Sworn to and subscribed before me this
 _____ day of _____, _____.

 Signature of Supervisor/Instructor of Record

Notary Public

My Commission Expires:

NOTARY SEAL



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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 _____
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

Sworn to and subscribed before me this

_____ day of _____.

NOTARY SEAL

Notary Public

My Commission Expires: _____



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PROFESSIONAL COUNSELOR POST-MASTER'S DIRECTED WORK EXPERIENCE
MISSING OR DECEASED DIRECTOR AFFIDAVIT - FORM D

- Please type or print clearly.
- See Board Rule Chapter 135-5-.02 for Post Masters Directed Work Experience requirements.

The Director must be:

- Either the employer or the superior in the administrative chain of command.

APPLICANTS:

- Make every effort to locate the as many of the directors of Directed Experience as necessary to document the required Directed Experience.
- If, however, you have obtained sufficient directed experience to meet licensure requirements, but after a diligent search you are unable to locate enough Directors to document the required time, you may attest to undocumented Directed Experience by taking the Oath below.
- Please include documentation to show your diligence. Examples include: returned mail, copies of letters, and verifications from your employer, etc.
- The Board may require additional information upon review.

OATH

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

Name of Director: _____

who served as my Director of directed experience in the practice of Professional Counseling at:

_____ as a _____
Name of Agency Official Job Title

Agency Address _____

from: _____ to _____,
(month/day/year) (month/day/year)

Totalling _____ years/s on the time basis of _____ hours/week for \$ _____ wages/salary.

I have attached copies of letters and/or returned mail that demonstrates my attempts to reach this individual.

Date
Sworn to and subscribed before me this

Signature of Applicant

_____ day of _____, _____.

Notary Public

NOTARY SEAL

My Commission Expires: _____



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APPLICATION FOR PROFESSIONAL COUNSELOR LICENSE
POST-MASTER'S CLINICAL SUPERVISION VERIFICATION FORM
FORM E

APPLICANT

- Complete Part I and forward this form to each supervisor from whom you obtained direct, clinical supervision as defined in Board Rule 135-5-.02. Complete a separate form for each Supervisor listed in your application. Use this form to only verify Professional Counseling CLINICAL supervision.
 - If you need additional forms, you may photocopy this form.
- DIRECTED EXPERIENCE SUPERVISOR
- The Supervisor must Complete Part II and return form to the Applicant for inclusion with the application for licensure OR submit directly to the Board office.
 - "Supervision" means the direct clinical review by an eligible Supervisor for the purpose of training or teaching of a Professional Counselor's interaction with a client.
 - The dates must be noted on the form. "Present" or "Current" is not acceptable in lieu of an actual date.

PART I - APPLICANT

NAME OF APPLICANT: _____
First Middle Last Maiden

PART II - CLINICAL SUPERVISOR

I HEREBY CERTIFY THAT I PROVIDED DIRECT CLINICAL SUPERVISION OF THE ABOVE-NAMED INDIVIDUAL AS DEFINED IN BOARD RULE 135-5-.02 FOR THE PERIOD INDICATED BELOW

SUPERVISION:

Supervision Provided: *Dates Required	From: <u>00 00 00</u> (Month/Day/Year)	To: <u>00 00 00</u> (Month/Day/Year)	Total Number of Hours: _____
Description of Practice Supervised:	_____		

I attest that I served as this Applicant's Clinical Supervisor, as defined in Board Rule 135-5-.02 and that this description is a true and accurate representation of my clinical supervision of this Applicant.

I Recommend Do Not Recommend this Applicant for licensure.

Date Signature of Clinical Supervisor

Highest Level of Education Completed Master's Master's Specialist EdD PhD Other

Printed Name: _____

Address: _____
Street City State Zip Code

Telephone #: (____) _____ Fax #: (____) _____

License Type: _____	License #: _____	State: _____	Date Originally Issued: _____	Current Exp. Date: _____
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Sworn to and subscribed before me this
_____ day of _____, _____.

Notary Public
My Commission Expires: _____

NOTARY SEAL



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PROFESSIONAL COUNSELOR
 POST-MASTER'S MISSING OR DECEASED SUPERVISOR AFFIDAVIT
 FORM F

INSTRUCTIONS:

- Please type or print clearly.
- Supervision must have been obtained while you engaged in post-master's directed experience. Supervision must meet the standards set out in the Rules for Professional Counselors. The Clinical Supervisor must be: Either be licensed as a: Professional Counselor, Clinical Social Worker, Marriage and Family Therapist, Psychologist, Psychiatrist—or a Certified Rehabilitation Counselor based on the criteria specified in Board rule 135-5-.02.
- Meet the post-licensure experience requirements for the degree held.
See Board Rule Chapter 135-5-.02

APPLICANT:

- Make every effort to locate the as many of the Supervisors as necessary to document the required supervision.
- If, however, you have obtained sufficient supervision 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 supervision by taking the Oath below.
- You must provide documentation to show your diligence. Examples include: returned mail, copies of letters etc.
- The Board may require additional information upon review.

PART I - APPLICANT

FULL NAME: _____

OATH

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

Name of Supervisor: _____

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

Name of Director: _____

at: _____
 Name of Agency or Organization Address City State Zip Code

and that this supervisor has the following credentials:

License Type: Professional Counselor Clinical Social Worker Marriage and Family Therapists
 Psychologist Psychiatrist Certified Rehabilitation

Counselor License #: _____ State: _____ Date Issued: _____ Expiration Date: _____

SUPERVISION:

Supervision Provided:	From: (Month/Year)	To: (Month/Year)	Total Number of Hours:
Description of Practice Supervised:			

 Date
 Sworn to and subscribed before me this
 _____ day of _____

 Signature of Applicant

Notary Public
 My Commission Expires: _____

NOTARY SEAL



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PROFESSIONAL COUNSELOR
PERSONAL REFERENCE FORM
FORM G

INSTRUCTIONS:

- Please type or print legibly.
- Applicants must have references from two (2) teachers or supervisors who are familiar with their experienced in Professional Counseling.
- APPLICANT - Complete Part I, give this form to your references with an envelope addressed to yourself. Retrieve the completed form from your reference for inclusion with your application.
- REFERENCE - Complete Part II, enclose this form in the envelope provided to you by the applicant, seal the envelope, sign your name across the envelope flap and return it to the applicant.
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

Applicant's 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



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VERIFICATION OF LICENSURE FROM ANOTHER STATE/JURISDICTION - FORM N

- Please type or print legibly. NOTE: The GA Board will also accept this verification of licensure on any form or format the issuing state(s) may utilize or prefer.
- Applicant - Complete Part I. Mail, fax or e-mail this form to each Board or Agency of each state or jurisdiction which you are currently licensed, or have ever been licensed, or certified as a Professional Counselor.
- State Licensure Board or Regulatory Agency - Complete Part II. Then mail, fax (to 866-888-7127) or e-mail to ExamBoards-Healthcare@sos.state.ga.us. You may also submit your own state or regulatory agency form or document in lieu of this form.

PART I - APPLICANT

Full Name:

Address:

Date of Birth:

Social Security #:

GEORGIA LICENSE APPLIED FOR - CHECK ONLY ONE: Marriage and Family Therapist

Professional Counselor

Clinical Social Worker

Master Social Worker

Jurisdiction:

License Number:

Title of License:

Original Date Issued:

Expiration Date:

TO WHOM IT MAY CONCERN

I, the undersigned applicant, am applying for a license with the Georgia Composite Board of Professional Counselors, Social Workers and Marriage and Family Therapists. I hereby consent to the release of any information, favorable or otherwise, which you may have concerning my license or practice. Please return the completed form directly to the Georgia Board at the above address.

Date

Signature of Applicant

PART II - LICENSURE BOARD OR REGULATORY AGENCY CERTIFICATION

I, _____, Board Chair or Designated Official
 of the _____

(Name of Board or Regulatory Agency)

certify that the information provided above by this applicant does does not conform with that in our record.

If "does not", please explain: _____

According to our record, the applicant has hasn't been disciplined by this or any other Board, state agency, or professional organization. If the applicant has been disciplined, please explain and attach a copy of the Order or Decree:

Date

Signature of Board Chair/Designated Official

Title of Official

Street Address

BOARD SEAL

City/State/Zip Code

MAIL: GA Composite Board, 237 Coliseum Drive, Macon, GA 31217
 FAX: 866-888-7127 * E-Mail: ExamBoards-Healthcare@sos.state.ga.us

