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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 PROFESSIONAL COUNSELOR LICENSE BY EXAMINATION PROFESSIONAL COUNSELOR DIRECTED EXPERIENCE VERIFICATION FORM - FORM C

Please print or type.

- **APPLICANT** Complete Part I and forward this form to the agency or organization in which you completed your directed experience practicing Professional Counseling.
- AGENCY OR ORGANIZATION The Director must Complete Part II and return it to the Applicant for inclusion with the Application for licensure.

Application for licensure.	
PART I – APPLICANT	
Applicant's Name:	Social Security Number://
PART II – AGENCY OR ORGANIZATION	
INSTRUCTIONS:  ■ "Direction" means the on-going administrative oversight of an employer or superior of a practitioner's work.  ■ Please See Rule 135-502 for definitions.	
CERTIFICATION	
I CERTIFY THAT THE ABOVE-NAMED INDIVIDUAL PRACTICED PROFESSIONAL COUNSELING AT THE FOLLOWING LOCATION:	
Name of Agency/Organization Address:	
Street City	State Zip Code
From: To: ForTotal # of Hou	irs; for \$ Wages/Salary
Date Signature of Director or Authorized Person	
Name of Agency or Organization	Printed Name
	Title/Position
Street Address	City State Zip Code
Telephone: ( ) Fax: (	)
Sworn to and subscribed before me thisday of	
Notary Public My Commission Expires:	NOTARY SEAL