



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 CLINICAL SOCIAL WORKER LICENSURE
 VERIFICATION OF LICENSURE - FORM N

INSTRUCTIONS NO FAXED FORMS ACCEPTED.

- Please type or print legibly.
- **Applicant** - Complete Part I. Mail a form to the Board or Agency of each state or jurisdiction by which you are currently licensed or certified as a Professional Counselor, Social Worker (any level) or Marriage and Family Therapist. Request the Licensure Board or Regulatory Agency to send the Georgia Board a copy of its current licensure laws and rules. Refer to List of Approved/Disapproved States for Endorsement.
- **State Licensure Board or Regulatory Agency** - Complete Part II.

PART I - APPLICANT

Full Name: _____

Address: _____

Date of Birth: _____

Social Security #: _____

This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. 19-11-1 and O.C.G.A. 20-3-295, 42 U.S.C.A. 551 and 20 U.S.C.A. 1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.

GEORGIA LICENSE APPLIED FOR - CHECK ONLY ONE: Clinical Social Worker Master Social Worker

Jurisdiction: _____

License Number: _____

Title of License: _____

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 has not 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 Board _____

Street Address _____

BOARD SEAL

City/State/Zip Code _____