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.ga.gov/plb/counselors

MARRIAGE AND FAMILY THERAPIST

# REQUEST FOR RE-EXAMINATION

INSTRUCTIONS **NO FAXED FORMS ACCEPTED.**

- Please print or type.
- Complete this form and submit to the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists.
- Make $295.00 examination fee payable to, and mail to PES. The Board does not require a fee for re-examination. DO NOT MAIL FEE TO BOARD.
- Indicate the date on which you wish to take the MFT Examination.
- The deadline for applying for the examination is forty five (45) days prior to the next exam date.
- Return this form to the address above.

NAME: _____
First Middle Last Maiden

ADDRESS: _____
Street

_____
City State Zip Code

❒Yes ❒No Have you previously applied to take an examination?

❒Yes ❒No Have you changed your **name** since your last application for examination was filed? If "Yes," please attach a copy of your marriage certificate, divorce degree, court order, etc., so that your record can be corrected.

❒Yes ❒No Have you changed your **address** since your last application for examination?

❒Yes ❒No Since your initial application for licensure, have you ever been arrested, charged, or sentenced for the commission of a felony, misdemeanor (other than minor traffic or parking violations) or any crime of moral turpitude, including the entry of a plea of nolo contender or a plea entered pursuant to the provisions of the "Georgia First Offenders Act"? You must respond "yes" if you plead and completed probation as a First Offender. If yes, provide certified copies of the court disposition and letter of explanation.

HOME PHONE: ( ) | OTHER PHONE: ( )

SOCIAL SECURITY NUMBER: _____/_____/_____
**THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE AND FEDERAL AGENCIES PURSUANT TO O.C.G.A. §§ 19-11-1 & 20-3-295, U.S.C.A §§ 551, 20 & 1001)**

**Email Address (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.**

I wish to re-take the MFT EXAMINATION [THROUGH PES] on:

Date _____ _____
Signature of Applicant

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

_____
Notary Public
My Commission Expires: _____ NOTARY SEAL