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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 REINSTATEMENT OF LICENSURE

Check applicable license: Clinical Social Worker Licensed Master Social Worker
 Marriage and Family Therapist Licensed Professional Counselor

Note: Associate Professional Counselor and Associate Marriage and Family Therapist licenses that have lapsed may reinstate only ONE time and the reinstated license is only valid for the remainder of the total of the 5 years the license is valid for:

Associate Marriage and Family Therapist Associate Professional Counselor

IMPORTANT: A NEW CONTRACT AFFIDAVIT MUST BE SUBMITTED WITH THE APC OR AMFT APPLICATION FOR REINSTATEMENT OR THE APPLICATION WILL NOT BE REVIEWED BY THE BOARD

In addition to checking a box above for the applicable license type, check this box **IF YOUR LICENSE HAS BEEN LAPSED OR HAS BEEN ON INACTIVE STATUS FOR MORE THAN 5 YEARS**: You must satisfy the current requirements for licensure at the time of reinstatement and upon approval, re-take the licensing examination. See Board rules 135-3, 135 -5 or 135-6.

Application Fee \$350 (NON-REFUNDABLE)

Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20. Applications valid for (1) one year from date received.

Name _____
Last First Middle

Name as shown on exam records or transcripts (if different): _____
_____/_____/_____

*Social Security Number _____ Date of Birth _____

*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.

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 _____

*** 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 update your e-mail address online @ www.sos.ga.gov/plb, or notify the Board of any e-mail address change. **YOUR E-MAIL ADDRESS WILL NOT BE SHARED WITH ANY THIRD PARTY.**

- Attach verification of attendance documentation of Continuing Education hours, accrued according to Board Rule Chapter 135-6-.04 and 135-9-0.1. This documentation should include a description of the continuing education activities and photocopies, as outlined in Board Rule. Also, the CE Reporting Form (Page 7 of this application) must be completed and submitted with the application.
- If an applicant for reinstatement of a license having expired for more than five years, the applicant must apply for licensure following the procedures set out in Chapter 135-3. The applicant may be required to retake the National Examination. See Board Rule Chapter 135-6-.04.
- **APC or AMFT applications MUST include a new contract affidavit or the processing will be delayed. The Board will NOT review APC or AMFT applications for reinstatement if a new contract affidavit is not included.**

STATEMENT OF APPLICANT

I hereby apply to reinstate my revoked/lapsed License Type _____ License # _____,
Issued on: _____ and Expired on _____.
Month/Day/Year Month/Day/Year

State reason/s why you did not renew your license and describe your professional activities since your license has lapsed:

Continuing Education

I attest that I have completed/met all of continuing education requirements as the Board's CE rule requires (135-6 & 135-9). **You must submit copies of all CE certificates as outlined in Board Rules, and the CE Reporting Form (see page 7 of this application).**

(Signature of Applicant)

EMPLOYMENT

Please indicate your employment history, please indicate your most recent employer or last place of practice first and any other type of employment/practice below:

Company Name _____

Address _____
Street Ste # City State Zip Code

Phone Number: () _____ Current Position: _____

Dates of Employment/Practice: Start Date: _____ To: _____

Duties: _____

Company Name _____

Address _____
Street Ste # City State Zip Code

Phone Number: () _____ Current Position: _____

Dates of Employment/Practice: Start Date: _____ To: _____

Duties: _____

PROFESSIONAL BACKGROUND

INSTRUCTIONS:

- For the following questions, the terms “license”, “registration” and “certification” are synonymous.
- If your answer is “yes” to any question below, attach a written detailed letter of explanation, relevant court or other related documents of the disposition of the issue, and the current status.

Yes No Are you currently licensed now or have you ever held a professional license other than the one you are applying to reinstate, anywhere? _____ Yes _____ No. If yes, then complete the following:

Type of License: _____

State: _____ License# _____

Date Issued: _____ Expiration Date: _____

Yes No Have you been denied professional licensure or renewal because of a license disciplinary proceeding in Georgia or any other state?

Yes No Have you knowingly failed to renew a license during investigation or disciplinary action?

Yes No Have you ever had a license to practice any profession revoked, suspended or annulled or otherwise disciplined, including by private order?

Yes No Have you been subject to disciplinary action or had your membership revoked by any professional organization?

Yes No 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 “yes,” please 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. If you answered “Yes” to the next question, **print out the “Background Investigation Consent” form** found on the same webpage as this application. Failure to submit this form with application may result in delayed processing of the application.

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

Yes No Are you currently unable to practice safely as a result of use of alcohol, drugs, narcotics, chemicals or any other type of material, or as a result of any mental or physical condition?

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

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.

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 submit 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.**

- 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 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.**

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 PUBLIC My Commission Expires:

GEORGIA COMPOSITE BOARD OF PC's, SW's & MFT's

E-Mail: ExamBoards-Healthcare@sos.state.ga.us * (478) 207-2440 [PHONE] Name: _____

(866) 888-7127 [FAX] * www.sos.state.ga.us/plb/counselors License #: _____

CONTINUING EDUCATION REPORT *** Refer to Board Rule 135-9-.01 & .02**

AREA	ACTIVITY	SPONSORSHIP (FULL NAME)	LOCATION (CITY/STATE)	DATE(S) (M/D/YY)	# OF CLOCK HOURS/DAYS
I CORE					
II RELATED					
III ETHICS					

REFER TO BOARD RULE 135-9-.01 and 135-9-.02 available on the site www.sos.ga.gov/plb/counselors

- Each CE certificate submitted for audit must contain the licensee's name, the title of the CE activity, the name of the sponsoring organization, the number of credit hours earned and the date and location of the CE event.
- No more than 10 hours of continuing education may be earned through online methods.
- E-MAIL, FAX or MAIL THIS FORM AS NOTED. Please submit only once, by one method.