



For Official Use Only
Date Rec'd: ___/___/___
Chk# ___ Amt ___

**APPLICATION FOR LICENSURE AS A
CHRISTIAN COUNSELOR
AND THERAPIST**

_____/_____
_____/_____
_____/_____
_____/_____

Please type or print clearly

All information must be filled out in full. A resume' is not an acceptable substitute for the completion of any question on this application form. Complete and mail to: The Board of Examiners for Georgia Christian Counselors and Therapists at, P. O. Box 725032, Atlanta, Georgia 31139-9032. For more information call (770) 429-1200.

Where the space provided is not sufficient, attach additional sheets. Please do not write on the back side of pages. Submit a separate application and \$125.00 application fee (non-refundable) for each license. Applications not correctly completed will be delayed until all additional information has been received.

License Type: Counseling _____ Pastoral _____

I. PERSONAL INFORMATION

Date _____

1. FULL NAME _____
LAST FIRST MIDDLE MAIDEN

Name _____ Degree _____

Print your name exactly as you want it to appear on your license.

2. ADDRESS _____

CITY STATE ZIP CODE

3. TELEPHONE NUMBER (HOME) _____ Work _____

4. DATE OF BIRTH _____

5. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER _____

6. Have you ever served active duty in the Armed Forces, the Reserves or the National Guard during wartime or during any conflict when military personnel were commissioned by the President? () Yes () No

II. LICENSURE APPLICATION TYPE

7. Manner of Licensure: (Check one) **By Application Examination** **By Reciprocity**

8. Are you a(an): Pastor _____ Minister _____ Pastoral Counselor _____ Exhorter _____
Chaplain _____ Counselor _____ Lay Counselor _____ Evangelist _____

9. Are you: _____ Ordained _____ Licensed

Church Affiliation: _____

Denomination: _____

Applicants Name _____

Date _____

10. Are you currently employed by a church or ecclesiastical body? () Yes () No

If your answer is "Yes", give the following information:

Name of Church: _____

Address: _____

11. Have you held a license in any jurisdiction, at any time, as a Professional Counselor, Marriage and Family Therapist, Social Worker, Christian Counselor and/or Therapist? () Yes () No

If your answer is 'No', go to question #13:

License Title _____

Jurisdiction _____ License Number _____

Date Issued _____ Expiration Date _____

License Title _____

Jurisdiction _____ License Number _____

Date Issued _____ Expiration Date _____

12. If you have ever held a license per above, complete the following items.

a. Have you had a license revoked, suspended or annulled?

() Yes () No

b. Have you ever had a disciplinary action taken against you by the authority issuing the license?

() Yes () No

c. Have you been refused renewal of the license pursuant to disciplinary proceedings?

() Yes () No

If you checked "Yes" for either question "a", "b" or "c", enclose an explanation and a copy of the order, decree and other relevant documents.

13. Have you been the subject of disciplinary proceedings? () Yes () No

If your answer is "Yes", explain and attach final disposition. _____

14. Have you ever been the subject of disciplinary action or had your membership revoked by a professional organization governing the practice of counseling, either secular or religious? () Yes () No

If your answer is "Yes", please explain. _____

15. Have you been a defendant in a malpractice suit and either entered into a settlement agreement or paid court awarded damages? () Yes () No

If your answer is "Yes", please explain. _____

Applicants Name _____

Date _____

16. Have you been arrested or charged for the commission of any felony or any crime involving moral turpitude?

() Yes () No

If your answer is "Yes", explain and attach final decree. _____

17. Have you been convicted of any felony or of a crime involving moral turpitude? () Yes () No

If your answer is "Yes", explain and attach final decree. _____

III. LICENSE BY RECIPROCITY

If you are applying for license by reciprocity complete the following questions. Otherwise, skip to question #19.

- a. Direct the board of those jurisdictions in which license is held to complete a Reciprocity Information/Verification letter, with a current copy of your license and return it directly to this Board of Examiners office; and
- b. Enclose with the application a copy of those jurisdictions' relevant licensing laws, code of ethics or board rules.

18. List all licenses as a professional Christian Counselor and/or Therapist which you currently hold.

License Title _____

Jurisdiction _____ License Number _____

Date Issued _____ Expiration Date _____

License Title _____

Jurisdiction _____ License Number _____

Date Issued _____ Expiration Date _____

If you are applying for license by reciprocity, skip to page 6, Section VIII, question #24.

IV. GRADUATE AND UNDER-GRADUATE DEGREE EDUCATION

19. Complete the following for each college level degree that you want taken into consideration as part of this application. Submit an official copy of each transcript to the Board or direct the college registrar to send an official copy.

Degree _____ Date Awarded _____

Program _____

Name of Institution _____

Address _____

City _____ State _____ Zip _____

Degree _____ Date Awarded _____

Program _____

Name of Institution _____

Address _____

City _____ State _____ Zip _____

Applicants Name _____ Date _____

Degree _____ Date Awarded _____

Program _____

Name of Institution _____

Address _____

City _____ State _____ Zip _____

19. List any additional graduate level courses that you want taken into consideration as part of this application .

a. For courses taken at an accredited college or university, direct the registrar to send an official transcript to the Board.

b. For Board approved courses taken at a training institute or other approved school, direct that school to send a transcript or other means of verification to the Board.

c. For any seminars or courses taken, send copy of appropriate certificate.

Institution _____ Date Taken _____

Course Title/Description: _____

Institution _____ Date Taken _____

Course Title/Description: _____

Institution _____ Date Taken _____

Course Title/Description: _____

Institution _____ Date Taken _____

Course Title/Description: _____

Institution _____ Date Taken _____

Course Title/Description: _____

Institution _____ Date Taken _____

Course Title/Description: _____

If you are applying for license and your degree is in counseling, theology, marriage and family studies or Bible, complete the items below. Indicate the titles and courses from your transcripts which satisfy the content area listed. List one Course per area as applicable.

Content Area

Course Title

Temperament Theory and Therapy _____

Theological or Biblical Studies _____

Christian Counseling Theory and/or Therapy _____

Human Growth and Development _____

Social Cultural Foundations _____

The Helping Relationship _____

Group Dynamics, Processing and Counseling _____

Lifestyle and Career Development _____

Appraisal of Individuals _____

Research and Evaluation Professional Orientation _____

Applicants Name _____

Date _____

21. The applicants for Licensure as a Christian Counselor and Therapist must have completed a minimum of four graduate level courses in the principles and practice of Christian Counseling and Therapy. List these courses below and document the program in which they were completed.

Institution _____ Date Taken _____

Course Title/Description: _____

Institution _____ Date Taken _____

Course Title/Description: _____

Institution _____ Date Taken _____

Course Title/Description: _____

Institution _____ Date Taken _____

Course Title/Description: _____

Institution _____ Date Taken _____

Course Title/Description: _____

Institution _____ Date Taken _____

Course Title/Description: _____

Institution _____ Date Taken _____

Course Title/Description: _____

V. PRACTICUM AND INTERNSHIP EXPERIENCE

Applicants for licensure must have completed a practicum/internship equivalent according to the rules established by the Board of Examiners. Certain individuals may apply up to one year practicum toward the professional experience requirement for licensing.

22. Complete (a) and (b) below. Check each practicum or internship which you intend to apply toward the professional experience requirement and submit a separate Practicum/Internship Verification form for each item checked.

Have you completed a practicum or internship as part of a degree program? () Yes () No

If your answer is "Yes", complete the following:

Degree: _____ Program: _____ Date: From ___/___/___ To ___/___/___

Site: _____ Total Hours on Site Experience: _____

Have you ever completed a practicum or internship other than as part of a degree program? () Yes () No

If your answer is "Yes", complete the following:

Program: _____ Date: From ___/___/___ To ___/___/___ Site _____

Total Hours on Site Experience: _____

Program: _____ Date: From ___/___/___ To ___/___/___ Site _____

Total Hours on Site Experience: _____

Applicants Name _____

Date _____

VI. PROFESSIONAL EXPERIENCE

The number of years of professional experience, college degrees, applicable practicum and internship may be submitted for consideration with your application.

23. List in chronological order all your professional experience. Check those items which you are using to fulfill the experience requirement for license and submit a separate "Professional Experience Verification Form" (see Appendix B) for each item checked.

Use This Item

Date: From ___/___/___ To ___/___/___ Duration: ____ Years ____ Months

Agency, Ministry or Employer: _____

Position: _____

Use This Item

Date: From ___/___/___ To ___/___/___ Duration: ____ Years ____ Months

Agency, Ministry or Employer: _____

Position: _____

Use This Item

Date: From ___/___/___ To ___/___/___ Duration: ____ Years ____ Months

Agency, Ministry or Employer: _____

Position: _____

Use This Item

Date: From ___/___/___ To ___/___/___ Duration: ____ Years ____ Months

Agency, Ministry or Employer: _____

Position: _____

VII. SUPERVISION

The number of hours and type of supervision required for license depend upon the graduate degree you hold. Supervision may have been obtained before, during or after your degree program, or during a practicum or internship.

24. Complete the following for each supervisor whose supervision you are using to fulfill this requirement. Submit a separate "Supervision Verification Form" (see Appendix C) for each supervisor.

Supervisor Name _____

Total hours of supervision in the practice of Counseling and Therapy _____

Supervisor Name _____

Total hours of supervision in the practice of Counseling and Therapy _____

Supervisor Name _____

Total hours of supervision in the practice of Counseling and Therapy _____

Applicants Name _____

Date _____

VIII. PERSONAL REFERENCES

25. List below the names of three persons who have been either your personal or professional advisor in the area in which you are seeking license and who will support your application for license. Provide each with a "Letter of Reference" (see Appendix A) and ask them to return it promptly and directly to the Board of Examiners office.

Name _____

Personal Professional Teacher Supervisor

Name _____

Personal Professional Teacher Supervisor

Name _____

Personal Professional Teacher Supervisor

26. Submit your personal testimony (including your salvation experience) using Appendix D form.

27. Why would you like to pursue a license as a Pastoral Counselor or Christian Counselor and Therapist?

Applicants Name _____

Date _____

28. IX. OATH

29. I acknowledge that I may be required to furnish additional information promptly in order for this application to be processed. I attest that the information provided is true and accurate to the best of my knowledge. I attest that I am a resident of the State of Georgia, or that I intend to be within one year of the date of this application. I release from all harm the Board of Examiners for Christian Counselors and Therapists and authorize them to investigate and gather all information relevant to my application for license. I have read, understand and agree to abide by the Code of Ethics as set forth by the Board of Examiners for Georgia Christian Counselors and Therapists.

Applicant's Signature _____ Date _____

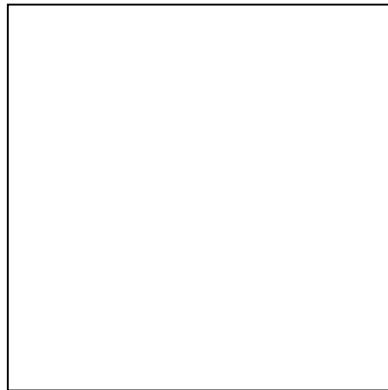
30. NOTARY

Applicant must have the application notarized. Notary's seal must cover a portion of the applicant's photograph.

Notary's Signature _____

Print Notary's Name _____

Date Term Expires _____



30. Personal Photo:

The Board of Examiners requires a personal photo, e.g. a passport photo, approximately 2" x 2" to be attached to your application.

Applicants Name _____

Date _____

APPENDIX A

LETTER OF REFERENCE

The applicant is applying for licensure as a Christian Counselor and therapist in the state of Georgia. As a reference, you are asked to give relevant information. This form is to be completed and promptly mailed to The Board of Examiners for Georgia Christian Counselors and Therapists at the following address: P. O. Box 725032, Atlanta, Georgia 31139-9032. For information call (770) 429-1200. **(Applicant may make copies as needed.)**

APPLICANT INFORMATION:

NAME: _____
Last First Middle Maiden

ADDRESS: _____
CITY STATE ZIP

TO BE COMPLETED BY THE REFERENCE:

NAME: _____
Last First Middle

ADDRESS: _____
CITY STATE ZIP

OCCUPATION / POSITION: _____

1. How long have you known this applicant? _____ Years
2. How are you acquainted with this applicant? Professionally Personally Supervisor
3. Can you vouch for the applicant's character? Yes No Not Sure
4. What is your assessment of the applicant's abilities to functions as a Christian Counselor?

5. What would you say are the applicant's strengths? _____

Applicants Name _____

Date _____

6. What would you say are the applicant's weaknesses? _____

7. What is your appraisal of the applicant's Christian life? _____

8. Would you recommend that the applicant be issued a license? Yes No

9. Briefly Explain: _____

Reference Signature _____

Date _____

Applicants Name _____

Date _____

**APPENDIX B
PROFESSIONAL EXPERIENCE VERIFICATION FORM**

The applicant is applying for licensure as a Christian Counselor and therapist in the state of Georgia. As a present or former employer, church, ministry or agency, you are asked to give relevant information. This form is to be completed and promptly mailed to The Board of Examiners for Georgia Christian Counselors and Therapists at the following address: P. O. Box 725032, Atlanta, Georgia 31139-9032. For information call (770) 429-1200. **(Applicant may make copies as needed.)**

APPLICANT INFORMATION

NAME: _____
Last First Middle Maiden

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TO BE COMPLETED BY THE EMPLOYER, CHURCH, MINISTRY OR AGENCY:

NAME: _____
Last First Middle

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ POSITION _____

1. How long did this applicant render services in your organization? ____ Years ____ Months
From: ____/____/____ To: ____/____/____

2. What position(s) did the applicant hold? _____

3. What is your assessment of the applicant's performance? [] Excellent [] Good [] Fair [] Poor

4. Would you allow the applicant to work for you again? [] Yes [] No [] Not Sure

5. What is your assessment of the applicant's abilities to functions as a Christian Counselor?

6. What would you say are the applicant's strengths? _____

7. What would you say are the applicant's weaknesses? _____

Applicants Name _____

Date _____

8. What is your appraisal of the applicant's Christian life? _____

9. Would you recommend that the applicant be issued a license? Yes No

Briefly Explain: _____

Signature _____ Date _____

Applicants Name _____

Date _____

**APPENDIX C
SUPERVISION VERIFICATION FORM**

The applicant is applying for licensure as a Christian Counselor and therapist in the state of Georgia. As a supervisor you are asked to give relevant information. This form is to be completed and promptly mailed to The Board of Examiners for Georgia Christian Counselors and Therapists at the following address: P. O. Box 725032, Atlanta, Georgia 31139-9032. For information call (770) 429-1200. **(Applicant may make copies as needed.)**

APPLICANT INFORMATION

NAME: _____
Last First Middle Maiden

ADDRESS _____
City State Zip

TO BE COMPLETED BY THE SUPERVISOR:

NAME: _____
Last First Middle

ADDRESS: _____
CITY STATE ZIP

PHONE NUMBER: _____

ACCREDITING AGENCY _____

1. How long was this applicant under your supervision? _____ Years _____ Months

From: ___/___/___ To: ___/___/___

2. What is your assessment of the applicant's performance? [] Excellent [] Good [] Fair [] Poor

3. What is your assessment of the applicant's abilities to functions as a Christian Counselor?

4. What would you say are the applicant's strengths? _____

Applicants Name _____

Date _____

5. What would you say are the applicant's weaknesses? _____

6. What is your appraisal of the applicant's Christian life? _____

7. Would you recommend that the applicant be issued a license? Yes No

Briefly Explain: _____

Signature _____

Date _____

