



**APPLICATION FOR LICENSE
RENEWAL AS A CHRISTIAN
COUNSELOR AND THERAPIST**

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

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	/

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 Christian Counselors and Therapists of Georgia Board of Examiners, 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 backside of pages. Submit a separate application and \$100.00 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. If this is **not** a renewal, you must complete the License Application found at: www.GBOE.us

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. OATH

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 _____

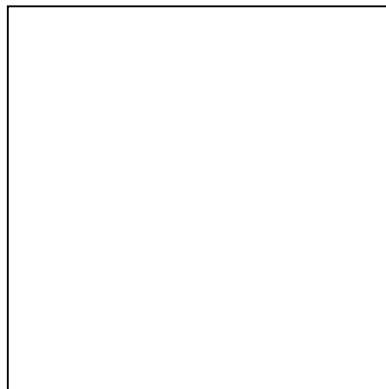
IV. NOTARY

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.