******

###### **Certified Professional Counselor Supervisor (CPCS) Application**

**Instructions**: Only Licensed Professional Counselors (LPC) may apply per GA Composite Board Rules. Check that all items on the list have been completed. Complete applications will be reviewed Bi-monthly. Please allow up to 45 days processing time once the completed application is received. *Incomplete applications will not be processed*.

**Applicants Name (Please Print) *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Application Fee Select Option Below:**

 Nonmember: Fee $150.00 (Fees can be paid by check or online, [www.LPCAGA.org](file:///C:\Users\LPCA%20Admin\Desktop\CPCS\www.LPCAGA.org), Membership tab)

 Current Clinical Member of LPCA: CPCS Fee is included in your Clinical Membership

 I want to Join LPCA as a Clinical Member: Payment for Membership Included with this application.

**Include a copy of your Current Georgia LPC License**

License has been held in Georgia for at least (select one of the follow):

3 Years of post LPC Licensure with a Master’s Degree

2 Years of post LPC Licensure with an EdS Degree

1 Year of post LPC Licensure with Doctoral Degree (After Degree Has Been Confirmed)

Degree must be in a Counseling Related Program per GA Composite Board Rule 135-5-.02

**Supervision Training Received –** Check 1 of the 3 options and complete documentation requirements on page 3

* Option A: Attended the 24 CE Hours of Clinical Supervision training workshops

MUST show the following on the CE Certificate: (Foundation, Models, Legal/Ethics, Specialty)

**See below for CE Guidelines, Must include copies of CEs with this application**

* Option B: Completed Graduate Coursework in the area of Clinical Supervision **AND** Attended 12 CE Hours of

Clinical Supervision which includes 6 Ethics of Supervision CEs.

**Note**: Graduate Coursework needed to have been completed within the last 10 years.

**Complete listing on page 4, Must include copy of transcript and copies of CEs with this application**

* Option C: Current ACS issued by NBCC or currently Licensed as a Clinical Supervisor in another state with

a similar designation. (**include copy of current license from state with supervisor designation**)

*AAMFT Supervisor or Addiction Supervisor Does Not Apply*

**CPCS Training Program CE Guidelines**

* OPTION A: You must provide proof of covering all four areas: Models, Foundations, Legal/Ethics, Specialty

Workshop must be about clinical supervision **NOT** employee supervision, AAMFT supervision, or addiction supervision

* OPTION B: The 6 Ethics CEs must be in person and not electronically delivered (Per GA Composite Board Rule), Ethics CEs must have some variance of the word Supervision and Ethics in the title **or Objectives listed**
* Only 1/3 of the CEs can be obtained online (Electronically Delivered), Maximum is 8 hours, no Ethics
* **Must include Copies of the CE Certificates or the application will not be processed**

**Statement of Ethics form completed and signed**

**Permission for Publication form completed and signed**

**Two (2) Professional Character Reference Forms**

* + Notarized and sealed envelopes with signature of referring individual across the back flap of the envelope.
  + Referring Professionals must hold a current clinical license in Georgia.

**Mail or Email all completed forms (and payment, if applicable) to:**

LPCA CPCS Phone 770-449-4547

3091 Governors Lake DR NW, STE 570

Norcross, GA 30071 Email [LPCACPCS@Gmail.com](mailto:LPCACPCS@Gmail.com)

***LICENSED PROFESSIONAL COUNSELORS ASSOCIATION OF GEORGIA***

***REGISTRY OF CERTIFIED PROFESSIONAL COUNSELOR SUPERVISORS (CPCS)***

*Read the Instructions and Guidelines before completing this application*

**IDENTIFYING INFORMATION:**

**Your name: (First, Middle, Last): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Please Print)

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Where do you want your Certificate Mailed to: Street, City, State)

**Phone: (Mobile)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROFESSIONAL INFORMATION:**

**Current LPC License #\_\_\_\_\_\_\_\_\_\_\_Date Issued:\_\_\_\_\_\_\_\_\_\_\_\_Years Licensed:\_\_\_\_\_\_Expiration Date:\_\_\_\_\_\_\_**

**My LPC license in GA or another state or province, has never been subject to terms of probation, suspension, or revocation**

**My LPC license in GA or another state or province, HAS BEEN subjected to terms of probation, suspension, or revocation. Submit information on terms of probation, suspension, or revocation.**

**Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**County of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EDUCATIONAL INFORMATION:**

**Highest Earned Degree:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Degree Awarded: \_\_\_\_\_\_\_\_\_\_\_\_\_**

MM/DD/YY

**Institution Providing Degree:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Institutional Location: (City, State) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Indicate Training Option to meet Supervision Registry Standards:** *(Choose one)* | Check One |
| **Option A: 24 LPCA or NBCC approved CE Supervision Training workshops\*** | A |
| **Option B: Graduate level coursework in supervision from accredited counselor preparation program and 12 CEs in Supervision Training** | B |
| **Option C: Clinical Supervisor Credential (ACS (NBCC) or Licensed Clinical Supervisor in another state)** | C |

\*Option A is the Preferred Method. Workshops must be about Clinical Supervision

***Attach Supporting Documentation -- Use enclosed forms as needed.***

***LICENSED PROFESSIONAL COUNSELORS ASSOCIATION OF GEORGIA***

***REGISTRY OF CERTIFIED PROFESSIONAL COUNSELOR SUPERVISORS (CPCS)***

**STATEMENT OF ETHICS**

###### I accept LPCA Certified Professional Counselor Supervisor *Standards* as a guide for my supervision practice.

###### I have read, understand and agree to abide by the *Rules* and *Code of Ethics* of the GA Composite Board of PC, SW, and MFT.

* I have read, understand and agree to abide by the "Ethics Code" of the American Mental Health Counseling Association (AMHCA), American Counseling Association (ACA) and the National Board for Certified Counselors (NBCC).
* **I intend to keep a copy of all the above ethics codes in the office in which I practice supervision.**

###### I will maintain my LPC license in good standing with the Georgia Composite Board of PC, SW and MFT.

###### I am and will remain fully knowledgeable of the specific requirements for LPC licensure in Georgia as administered by the Georgia Composite Board of PC, SW, and MFT.

###### I waive permission to see references as provided for me to be Certified as Professional Counselor Supervisor (CPCS). Furthermore, I attest that all information I have provided to LPCA is accurate and true.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

**PERMISSION FOR PUBLICATION**

I DO NOT give permission to LPCA to have my name, business address, phone number, website, and specialties

I give permission to LPCA to have my name, business address, phone number, website, and specialties published in the following ways by LPCA (Please **check** all that apply):

Printed list to be mailed, faxed, or emailed to those requesting a CPCS.

Listed in the LPCA Newsletter and other publications

LPCA Website Supervision Registry

I understand that my information will not be published as a part of the CPCS Registry until

I have been approved as a CPCS and I have signed this Permission for Publication form.

Non-members are required to pay $75 per year maintenance fee including listing.

**Please print information as you would like it PUBLISHED: *PLEASE PRINT***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Degree; i.e. MS, MA, MPH, EdS, EdD, PhD, License, and Certifications you would like listed)

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Business Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialty Areas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(electronic signature accepted)

**CPCS SUPERVISION TRAINING RECEIVED – Option A**

24 CE Hours of Clinical Supervision Training including at least 6 Ethics of Supervision CEs (Ethics must be in person)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date(s) of workshop or Conference, etc. | **Title of Workshop or Training**  **MUST include a ‘form” of the word Supervision in the title.\***  ***No CE certificate can be greater than 20 CEs*** | **Provider Organization and Instructor Name and Credentials**  *(required)* | **Documentation**  **Required-**  **CE Approval #**  *(i.e. Approval# 0000)* | **Was This Workshop Electronically Delivered?** | **Ethics**  **of**  **Supervision**  **CEs** | **# of**  **Contact Hours**  **Or CE’s** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**\*DID YOU LIST the FOUR REQUIRED TRAININGS? Models, Foundations, Legal/Ethics, Specialty**

**See Guidelines on website, www.LPCAGA.org *Must include Copies of the CE Certificates* Total**: \_\_\_\_\_\_\_\_\_\_

**CPCS SUPERVISION TRAINING RECEIVED – Option B**

**MUST also list 12 Supervision CEs above including 6 Ethics of Supervision CEs**

Listing of Completed Graduate Clinical Supervision Coursework

|  |  |  |  |
| --- | --- | --- | --- |
| Month and Year Course Was Taken | **Institution** | **Course Number** | **Course Title** |
|  |  |  |  |
|  |  |  |  |

* ***Must include Copies of the Transcript Showing Clinical Supervision Training*** *(*Please do not include your social security number on documents.)



3091 Governors Lake DR NW, STE 570, Norcross, GA 30071

CERTIFIED PROFESSIONAL COUNSELOR SUPERVISOR (CPCS) APPLICATION

**Professional Reference # 1**

**Instructions**

Applicant: Give this form to your reference with a stamped addressed envelope to send to:

LPCA CPCS, 3091 Governors Lake Drive NW, STE 570, Norcross, GA 30071

Reference: Complete items 1-7, provide a brief statement, sign, and have form notarized. Enclose this form in the envelope provided to you by the applicant, **seal the envelope, and sign your name across the envelope flap and mail.**

*Information obtained on this form will be kept confidential and will not be released to the CPCS applicant.*

1. Name of Applicant: (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Your Name (Referring Professional): (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name as shown on your GA clinical license**

1. License Type: CHECK one or more:

**LPC\_\_\_\_\_\_ LCSW \_\_\_\_\_\_LMFT \_\_\_\_\_\_\_ Licensed Psychologist \_\_\_\_\_\_\_\_\_ Licensed Psychiatrist\_\_\_\_\_\_\_**

**Ga License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Title/Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Setting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Professional Relationship with Applicant:**\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*****Cannot be a supervisee of the Applicant, GA Licensing Board considers this a dual relationship.*

1. Length of time you have known Applicant: Years \_\_\_\_\_\_\_\_\_ Months\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Yes** | I find the Applicant qualified to provide supervision for Counselors and recommend them for the CPCS credential. |
| **No** | I **do not** find the Applicant qualified to provide supervision for Counselors and  **do not** recommend them for the CPCS credential. |

1. Check one

Please provide a brief statement concerning your recommendation of this individual for the LPCA *of Georgia* CPCS professional credential.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Referring Professional** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone ( ) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address/City/State/ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Name**: **Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Seal (Below)

**Notary Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



3091 Governors Lake DR NW, STE 570, Norcross, GA 30071

CERTIFIED PROFESSIONAL COUNSELOR SUPERVISOR (CPCS) APPLICATION

**Professional Reference # 2**

**Instructions**

Applicant: Give this form to your reference with a stamped addressed envelope to send to:

LPCA CPCS, 3091 Governors Lake Drive NW, STE 570, Norcross, GA 30071

Reference: Complete items 1-7, provide a brief statement, sign, and have form notarized. Enclose this form in the envelope provided to you by the applicant, **seal the envelope, and sign your name across the envelope flap and mail.**

*Information obtained on this form will be kept confidential and will not be released to the CPCS applicant.*

1. Name of Applicant: (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Your Name (Referring Professional): (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name as shown on your GA clinical license**

1. License Type: CHECK one or more.

**LPC \_\_\_\_\_\_\_\_ LCSW\_\_\_\_\_\_\_\_ LMFT \_\_\_\_\_\_\_\_ Licensed Psychologist\_\_\_\_\_\_\_\_ Licensed Psychiatrist\_\_\_\_\_\_\_\_**

**Ga License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Title/Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Setting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Professional Relationship with Applicant:**\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*****Cannot be a supervisee of the Applicant, GA Licensing Board considers this a dual relationship.*

1. Length of time you have known Applicant: Years \_\_\_\_\_\_\_\_\_ Months\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Yes** | I find the Applicant qualified to provide supervision for Counselors and recommend them for the CPCS credential. |
| **No** | I **do not** find the Applicant qualified to provide supervision for Counselors and  **do not** recommend them for the CPCS credential. |

1. Check one

Please provide a brief statement concerning your recommendation of this individual for the LPCA *of Georgia* CPCS professional credential.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Referring Professional** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone ( ) \_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address/City/State/ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Name**: **Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notary Seal (Below)

**Notary Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_