

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

CERTIFIED PROFESSIONAL COUNSELOR SUPERVISOR (CPCS) APPLICATION

**Professional Reference # 2**

**APPLICANT: Instructions**

1. Applicant: PRINT YOUR FULL LEGAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. License number \_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date\_\_\_\_\_\_\_\_\_\_\_
3. Give this form to your reference with a stamped addressed envelope
4. ADDRESSED TO: LPCA CPCS 3091 Governors Lake Drive NW, STE 570, Norcross, GA 30071

**Reference: Instructions**

**1.** PRINT YOUR FULL Legal NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Name as shown on your GA Clinical License**

2. YOUR PHONE NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 CHECK THE BOXES below:

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

* I understand that I MUST BE LICENSED by the Sec of State Licensing Board
* Complete items 1-12 and provide your experience with the Applicant
* Sign and have form notarized.
* Enclose this form in the envelope provided to you by the applicant.
* Seal the envelope; sign your name across the envelope flap and mail.

4. License Type(s): \_\_\_\_\_\_**LPC \_\_\_LCSW \_\_\_\_LMFT \_\_\_Licensed Psychologist \_\_\_Licensed Psychiatrist**

 **GA License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXPIRES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

5. Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Setting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Professional Relationship w/Applicant:(check all that apply)

 Work/business \_\_\_\_ Previous Supervisee\*\_\_\_ Personal \_\_ I am a CE provider\_\_\_\_

 ***\*****Cannot be a current supervisee of the Applicant or provider of the CPCS Training of the Applicant, GA Licensing Board considers this dual relationship.*

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

8.

|  |  |
| --- | --- |
| [ ]  **YES**  | I find the Applicant qualified to provide supervision for Counselors and recommend her/him for the CPCS credential. |
| [ ]  **NO** | I **do not** find the Applicant qualified to provide supervision for Counselors and **do not** recommend her/him for the CPCS credential. |

9. This professional reference is based on my interactions with the CPCS applicant in my professional capacity as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. **Please provide a detailed statement concerning your recommendation of this individual’s professional strengths** (**including their full name in the reference recommendation**) for the LPCA *of Georgia* CPCS professional credential. You may use the back of this form for more comments about why this person should be considered a qualified Clinical Supervisor.

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10. Signature of Referring Professional \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Email PRINT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. Address/City/State/ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subscribed and sworn before me this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_\_\_\_\_\_\_.**

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

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