

# Attestation of Professional Status / Intent

CHECK THE ONE THAT APPLIES TO YOU:

**PHYSICIAN/PSYCHIATRIST (U1)**

**PSYCHOLOGIST/PHARMACIST (U2)**

**CLERICAL OR NBS (U6)**

**LICENSED (U3)** . Individual who is fully licensed in Georgia as: Check all that apply.

Licensed Professional Counselor      Licensed Marriage and Family Therapist      Licensed Clinical Social Worker      Registered Nurse

**SUPERVISEE/TRAINEE (U4)** . An individual currently in the process for license/certification or **ENROLLED** and working toward a degree. Degree must be in Human Services Field which will lead to clinical licensure and includes a practicum. NOTE: All Supervisee/Trainees must receive clinical supervision by a qualified licensed or certified individual in the related field. Employee is expected to complete all necessary supervision hours in the pursuit of his/her license and sit for an examination required for such licensure **within six (6) months** of completing required supervisory hours.

**YES** - I am **actively pursuing a degree** in Human Services or a related field

Bachelors    Masters    Major: \_\_\_\_\_

Enrolled in an accredited program at: \_\_\_\_\_ **Projected graduation date:** \_\_\_\_\_

**OR**

**YES** - I am **actively pursuing a license or certification** as:    LAPC    LMSW    LAMFT    CPS    CACI-II

Date application submitted to GA Composite Board or Certification Entity: \_\_\_\_\_

Scheduled date of exam: \_\_\_\_\_ Projected license/certification completion date: \_\_\_\_\_

**OR**

**YES** - I am **actively receiving supervision** from: \_\_\_\_\_

Name of Clinical Supervisor: \_\_\_\_\_ Supervisor's License/Certification #: \_\_\_\_\_

**PROOF OF THE ABOVE MUST BE ATTACHED**

**OR**

**NO** - I am **NOT actively** receiving supervision. I request a clinical supervisor be assigned to me. I understand that this is voluntary and I am under no obligation to accept supervision under the auspices of LMCS in order to seek licensure with the state of Georgia, and that I am free to make arrangements for such supervision through other approved sources.

**TRAINED PARAPROFESSIONAL (U5)** - Paraprofessional is defined as staff who are not licensed/certified and who may or may not be a degree holder but have completed State required training through orientation and Essential Learning. Check all that apply. Degree must be In Human Services Delivery or related field.

Bachelors    Masters    LPN    LAPC    LMSW    LAMFT    CPS    CACI-II    Major: \_\_\_\_\_

Paraprofessional training that meets State requirements (Orientation and Essential Learning) Date completed: \_\_\_\_\_

*I attest that I am qualified for the professional status marked above. I understand that it is my responsibility to provide all supporting documentation necessary for verification of my professional status. I understand I am solely responsible for ensuring any change in my education level or licensed/certification status is reported to the Human Resources Department within (10) ten days of change. I understand failure to comply with all requirements may result in disciplinary action, up to and including dismissal.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: Print \_\_\_\_\_