

**GEORGIA DEPARTMENT OF BEHAVIORAL HEALTH &  
DEVELOPMENTAL DISABILITIES**

**ACKNOWLEDGEMENT OF RESPONSIBILITY TO  
MAINTAIN CURRENT LICENSE, CERTIFICATION OF REGISTRATION**

NAME: \_\_\_\_\_

DBHDD ORGANIZATIONAL UNIT: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

TYPE OF REQUIRED LICENSE/CERTIFICATE/REGISTRATION: \_\_\_\_\_

\_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

I understand that it is my responsibility to obtain and maintain a current license, certificate or registration when necessary or appropriate. I understand that I am to advise my supervisor or Human Resources office of any problem encountered regarding my license, certificate or registration. I further understand that FAILURE to maintain a current license, certificate or registration will result in separation from employment.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date