

**FORM G1
SPECIFIC POWER OF ATTORNEY**

I, _____, do hereby authorize and direct _____ and its agents and employees, by this Specific Power of Attorney to carry out and execute certain duties pursuant to my request and necessary in _____'s reasonable judgment in connection with my pursuit of an educational training certificate in the State of Georgia ("Licensed State").

It is expressly understood and agreed that this Specific Power of Attorney authorizes _____ to make inquiries as to the status of my application for an educational training certificate in the Licensed State. This Specific Power of Attorney does not authorize _____ to act on my behalf for any other purpose and shall expire on the date I am granted an educational training certificate in the Licensed State, the date my application for a educational training certificate is denied, or upon _____'s receipt of written notice from me of revocation of this Specific Power of Attorney.

I hereby release _____ and the Licensed State from any and all liability, damages, claims for damages, suits, actions and causes of action which may accrue as a result of _____ acting on my behalf in connection with my pursuit of a educational training certificate in the Licensed State.

PRINTED NAME OF APPLICANT _____ SIGNATURE OF APPLICANT _____	Being duly sworn, says that he/she is the person who executed the above application for a license for an education training certificate in the State of Georgia; and that all the statements herein contained are true in every respect.	NOTARY SEAL MUST BE IMPRINTED HERE
Sworn and subscribed to me this ____ day of _____, _____ _____ ____ (Notary Public)	My Commission Expires _____	