

**GENETIC COUNSELORS  
PRIMARY SUPERVISOR SEPARATION NOTIFICATION FORM**

**Please complete this form if you are resigning from your current primary supervisor.**

I hereby serve notice to the *Georgia Composite Medical Board* that

\_\_\_\_\_ is no longer a primary supervisor  
Primary Supervisor/GC Full Name – please print legibly

\_\_\_\_\_ effective: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.  
(license number) (Month) (Day) (Year)

For:

\_\_\_\_\_ **Temporary Genetic Counselor Name – please print legibly**

\_\_\_\_\_ **License Number**

\_\_\_\_\_ **Signature**

\_\_\_\_\_ **Date Signed**

**Primary Supervisor/GC Statement:**

I hereby serve notice to the *Georgia Composite Medical Board*, that I am no longer serving as a primary supervisor for:

\_\_\_\_\_ **Temporary Genetic Counselor Full Name– please print legibly**

effective: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.  
(Month) (Day) (Year)

\_\_\_\_\_ **Primary Supervisor /GC Full Name**

\_\_\_\_\_ **Date Signed**