Georgia Composite Medical Board

2 Peachtree Street, NW • 6th Floor • Atlanta, Georgia 30303 • (404) 656-3913 •
www.medicalboard.georgia.gov

Complete this page only if applying for a temporary license.

An applicant who is applying for a temporary license **must take and pass the examination for certification within eighteen (18) months of the issuance of the temporary license** and may only practice if he or she has entered into a genetic supervision contract and is already supervised by a licensed genetic counselor or a licensed physician. A temporary license will expire thirty (30) days after failing to pass the complete certification examination.

Supervisory Statement

Name of Supervisor:

Last	**First**	**Middle**

Profession	**License Number**	**Date license expires (month, day, year)**

Office Address	**City**	**State**	**Zip Code**

Office Phone	**Office Fax**	**Email address**

Certification of Supervision

Please indicate by signing your name below that the genetic counselor on this application will be under your supervision and that you have a supervision contract on file with both parties that sets forth the manner in which you will:

- ☐ Assess the work of the genetic counselor with a temporary license, including regular meetings and chart review.
- ☐ Attestation that a supervision contract signed by both the supervisor and the temporarily licensed genetic counselor is on file with both parties.

Signature of Supervisor Date(month, day, year)