GEORGIA COMPOSITE MEDICAL BOARD

PRIMARY SUPERVISOR SEPARATION NOTIFICATION FORM

GENETIC COUNSELORS

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

01 TEMPORARY GENETIC COUNSELOR NOTICE

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

Primary Supervisor/GC Full Name - print legibly

License Number

Effective Date (MM/DD/YYYY)

is no longer a primary supervisor, effective:

FOR:

Temporary Genetic Counselor Name - print legibly

License Number

Signature

Date Signed (MM/DD/YYYY)

02 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 - print legibly

Effective Date (MM/DD/YYYY)

Primary Supervisor/GC Full Name

Date Signed (MM/DD/YYYY)