

Genetic Counselor Reference Form

A completed and signed reference form is required for evaluation of the Georgia genetic counselor license applicant. The supervisor should submit this form directly to the Georgia Composite Medical Board at <https://gcmb.nextrequest.com/>. NOTE: Submissions must come from the supervisor's professional email account; reference forms from personal email accounts will not be accepted.

Section 1 (to be completed by license applicant):

Last Name: _____ First Name: _____ MI: _____ Maiden: _____

Mailing Address: _____

Email: _____ Phone: _____

Section 2 (to be completed by applicant's supervisor - must be a certified/licensed GC or physician)

Last Name: _____ First Name: _____

Credentials: _____

Certification or State License (indicate type and #): _____

Email: _____

Organization: _____

City and State of Organization: _____

Mark one: ☐ I am the applicant's work supervisor ☐ I am the applicant's student supervisor

I certify that the above applicant has been or is currently under my supervision as a genetic counselor from (mm/yy) _____ to (mm/yy) _____ / Current

In your professional opinion, is the applicant capable of performing competently as a genetic counselor?
____ Yes ____ No (If no, please explain) _____

Would you recommend for licensure based on the applicant's abilities?
____ Yes ____ No (If no, please explain) _____

Evaluate the license applicant in the following areas:

	Excellent	Good	Average	Poor	Not able to make judgment
Dependability	☐	☐	☐	☐	☐
Quality of Work	☐	☐	☐	☐	☐
Professional Responsibility	☐	☐	☐	☐	☐

Additional comments: _____

DISCLAIMER: By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

Supervisor Signature: _____ Date: _____