

Genetic Counselor Reference Form (Form 5)

A completed and signed reference form is required for evaluation of the Georgia genetic counselor license applicant. The supervisor should email this form directly to the Georgia Composite Medical Board at gcomb.gencounselor@dch.ga.gov. NOTE: Emails 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 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Quality of Work | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Professional Responsibility | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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: _____