

Georgia Composite Medical Board



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gcomb.gencounselor@dch.ga.gov

Supervision Separation Notice for Genetic Counselor Temporary Licensees

Complete this form to notify the Board of the discontinuation of a supervisor/supervisee relationship for someone practicing under a temporary license. Send completed form to: gcomb.gencounselor@dch.ga.gov.

NOTE: Practicing temporary license holders must have an active supervision agreement (and active licensed supervisor) at all times. Change of supervisor requires a Separation of Notice Form AND a new Supervisory Agreement Form.

I hereby serve notice to the GA Composite Medical Board that _____
(Supervisor Full Name)

is no longer serving as Supervisor for _____.
(Supervisee Full Name)

This change is effective: _____ / _____ / _____.
Month Day Year

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 Name

Supervisor License Number

Signature of Supervisor

Date (MM/DD/YYYY)

As a Temporary Licensee, I understand that I must have an active supervision agreement and active licensed supervisor in order to practice in the state of Georgia. Given the supervision separation noted above, I (check one):

- Have submitted a new Supervisory Agreement (with a new supervisor) to the Board.
- Plan not to practice as a Genetic Counselor in Georgia until I submit a new Supervisory Agreement.
- _____

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.

Supervisee/Temporary Licensee Name

Supervisee License Number

Signature of Supervisee/Temporary Licensee

Date (MM/DD/YYYY)