

Georgia Composite Medical Board



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gcomb.gencounselor@dch.ga.gov

Supervisory Agreement for a Genetic Counselor Temporary License

Complete this form only if you are applying for a Temporary License. This form must be completed by the applicant and the supervising licensed genetic counselor or physician. This agreement should be submitted with your temporary license application, and a copy should also be kept on file in the provider's office.

Temporary licenses are only valid while a person has ABGC or ABMG Active Candidate Status (or are ABGC board certified) and will expire thirty (30) days after the person is no longer ABGC board eligible. Temporary licenses need to be renewed annually until you obtain a full license or are no longer eligible. A person may only practice under a temporary license if they have entered into a supervisory contract and are directly supervised by the licensed genetic counselor or licensed physician, listed below on this form.

Supervisee Name/Temporary License Applicant (last, first): _____

Supervisor Name (last, first): _____

Supervisor Profession/Credentials (Genetic Counselor or MD): _____

License # and State: _____ Date License Expires: _____

Office Phone #: _____ Office Email Address: _____

Name of Practice/Common Employer: _____ Applicant Start Date: _____

Office Address: _____

Certification of Supervision

Please indicate by signing your name below that the genetic counselor on this temporary license 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.

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

Signature of Supervisor

Date (MM/DD/YYYY)

Signature of Supervisee

Date (MM/DD/YYYY)