GEORGIA COMPOSITE MEDICAL BOARD

2 Martin Luther King Jr. Drive SE, East Tower, 11th Floor
Atlanta, GA 30334 US | (404) 656-3913 | www.medicalboard.georgia.gov

Supervisory Statement

Genetic Counselor - Temporary License Application

Complete this page only if applying for a temporary license.

An applicant who is applying for a temporary license must take and pass the examination for certification within eighteen (18) months of the issuance of the temporary license and may only practice if he or she has entered into a genetic supervision contract and is already supervised by a licensed genetic counselor or a licensed physician. A temporary license will expire thirty (30) days after failing to pass the complete certification examination.

01 Supervisor information

Name of Supervisor - Last

First

Middle

Profession

License Number

Date license expires (month, day, year)

Office Address

City

State

Zip Code

Office Phone

Office Fax

Email address

02 Certification of supervision

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

Signature of Supervisor

Date (month, day, year)