GEORGIA COMPOSITE MEDICAL BOARD

LICENSURE REFERENCE

Genetic Counselor Reference Form

SUBMISSION INSTRUCTIONS

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.
NOTE: Submissions must come from the supervisor's professional email account; reference forms from personal email accounts will not be accepted.

01 APPLICANT INFORMATION / Completed by license applicant

Last name | First name | MI | Maiden

Mailing address

Email | Phone

02 SUPERVISOR INFORMATION / Completed by applicant's supervisor

Supervisor must be a certified/licensed genetic counselor or physician.

Last name | First name

Credentials | Certification or state license (indicate type and #)

Email | Organization

City and state of organization

Mark one: supervision type

◯ Work supervisor ◯ 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

03 APPLICANT EVALUATION / Select one rating for each area

	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 (type full name) | Date