



State of Utah

DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

160 East 300 South, P.O. Box 146741
 Salt Lake City, Utah 84114-6741
 Telephone (801) 530-6628
www.dopl.utah.gov

Genetic Counselor or
 Temporary Genetic Counselor License Application *(check one)*

(Note: Microsoft Word users can download this form, fill in the blanks, print the form for submission and save it for their records)

Please list your <u>full legal name</u> as it appears on your driver's license, Social Security Card, etc.				
Last Name:		First Name:		Middle Name:
Social Security Number: - -			Maiden Name:	
I certify under penalty of perjury that:				
<input type="checkbox"/> I am a citizen of the United States and I have a valid US Driver License or US State ID. License/State ID Number: _____ State: __				
<input type="checkbox"/> I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.				
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID. License/State ID Number: _____ State: __				
<input type="checkbox"/> I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.				
<input type="checkbox"/> I am a foreign national not physically present in the United States.				
Mailing Address:				
City:			State:	ZIP:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Phone #:	E-Mail:	
List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. <i>(Use additional sheets if necessary.)</i>				
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	
Profession:		Issuing State:		
License Number:		License Status:	Issue Date:	

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY	
License/Certificate Number: _____	
Date License/Certificate Approved/Denied: __/__/____	
Approved/Denied By: _____	
Reason for Denial/Other Comments: _____	

AFFIDAVIT and RELEASE AUTHORIZATION

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; discloses all material facts regarding the applicant; and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Signature of Applicant: _____ Date of Signature: ____ / ____ / _____

QUALIFYING QUESTIONNAIRE

Read thoroughly, and answer the questions. Do not leave any question blank.

(Note: If you have formally expunged a criminal record you do not need to disclose that criminal history.)

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Have you ever been denied the right to sit for a licensure examination?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Have you been named as a defendant in a malpractice suit?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions or conditions imposed by any malpractice carrier?
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug use or abuse within the past five (5) years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Are you currently using or have you recently (<i>within 90 days</i>) used any drugs (<i>including recreational drugs</i>) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Have you ever unlawfully used any drugs for which you have not successfully completed, or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated??
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental or sexual abuse?
<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Do you currently have any criminal action pending?
<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
<input type="checkbox"/> Yes <input type="checkbox"/> No	21. Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (<i>i.e. plea-in-abeyance or deferred sentence</i>)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	22. Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?
	<p>If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered “yes” to Questions 18, 19, 20, 21, or 22, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).</p> <p>If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.</p> <p>If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.</p> <p>A “Yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.</p>

GENETIC COUNSELOR TEMPORARY LICENSE REQUEST

TO BE COMPLETED BY APPLICANT:

Complete the first section of this form and submit it to the licensed practitioner that will be supervising you. Request that the supervisor complete the remainder of this form and return it to you for submission with your application. If the supervisor insists on submitting this form directly to DOPL, please inform DOPL of that fact.

Last Name:		First Name:		Middle Name:	
Mailing Address:			City:		State: ZIP Code:
Phone #: (xxx-xxx-xxxx)		E-Mail:		Date Employment Begin: <i>(mm-dd-yyyy)</i>	
Employing Facility:				Phone #: <i>(xxx-xxx-xxxx)</i>	
Address:			City:		State: ZIP Code:

I hereby certify that I will not practice until I have been granted a Temporary License. Once the Temporary License has been issued, I will only practice under the general supervision of a supervising practitioner.

Signature of Applicant: _____

Date of Signature: ___/___/___

BE COMPLETED BY SUPERVISING PRACTITIONER:

Supervisor's					
Last Name:		First Name:		Phone #: <i>(xxx-xxx-xxxx)</i>	
Address:			City:		State: ZIP:
Position or Title:				License #: License State:	

I hereby certify that I am a licensed practitioner in good standing and I will supervise the practice of the above named applicant.

Signature of Supervisor: _____

Date of Signature: ___/___/___

REQUEST FOR VERIFICATION OF OUT-OF-STATE LICENSE

TO BE COMPLETED BY THE APPLICANT:

If you now hold or have ever held a license in another state that is substantially equivalent to the license you are applying for in Utah, complete the first section of this form and submit it to the state that is verifying information for you. Request that the verifying state complete the remainder of this form and return it to you for submission with your application (*the verifying state may require a fee for this service*). If a verifying state insists on submitting the verification directly to DOPL, please inform DOPL of that fact.

Last Name:	First Name:	Middle Name:	
Mailing Address:	City:	State:	ZIP:
Social Security Number: - -	Date of Birth: <i>(mm-dd-yyyy)</i>	License #:	

I am requesting licensure in the state of Utah as a **GENETIC COUNSELOR**

I have enclosed the necessary license verification fee in the amount of: \$ _____

Signature of Applicant: _____

Date of Signature: ___/___/___

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and mail it directly to DOPL or place the completed form in a sealed envelope, and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.

Verifying State:	Name of Licensee (<i>as on verifying state's records</i>):		
License Type:	License #:	Current Status:	
Issued: <i>(mm-dd-yyyy)</i>	Expires: <i>(mm-dd-yyyy)</i>	<input type="checkbox"/> Licensed by Exam <input type="checkbox"/> Licensed by Endorsement from (state):	
Continuously Licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain):			
Education Required For Licensure:			
Examination Scores:			
Past, Current, or Pending Disciplinary Action: <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, <i>attach certified copies of all Petitions, Orders, etc.</i>)			

Signature: _____ Title: _____

Agency: _____ Date of Signature: ___/___/___

Official Seal Here

GENETIC COUNSELOR LICENSE APPLICATION CHECKLIST

TEMPORARY

(This checklist is for your convenience—do not include it with your application.)

The following items are required for a full and complete Application for Licensure:

1. Complete and enclose all applicable sections of the above application.
2. Enclose a **\$200.00** application fee. Licensure fees can be paid by check or money order, made payable to “DOPL”. Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL’s main office.
3. Enclose an Official transcript of your Master’s or Doctoral degree in Genetic Counseling. This transcript must either be sent directly from the school or included with your application in a sealed envelope from the school.
4. Submit documentation of certification of “Active Candidate Status” approved by the American Board of Genetic Counseling (ABGC) or the American Board of Medical Genetics (ABMG).

NOTE: Upon receiving certification as a genetic counselor by the ABGC or ABMG, certification as a medical geneticist by the ABMG, or National Certification from the ABMG, you only need to submit proof of this certification to obtain a full Genetic Counselor license — you do not need to submit a new application or fee.

BY ENDORSEMENT

(This checklist is for your convenience—do not include it with your application.)

The following items are required for a full and complete Application for Licensure:

1. Complete and enclose all applicable sections of the above application.
2. Enclose a **\$150.00** application fee. Licensure fees can be paid by check or money order, made payable to “DOPL”. Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL’s main office.
3. Enclose an Official transcript of your Master’s or Doctoral degree in Genetic Counseling. This transcript must either be sent directly from the school or included with your application in a sealed envelope from the school.
4. Submit documentation of certification as ONE of the following:
 - A genetic counselor by the American Board of Genetic Counseling (ABGC)
 - A genetic counselor by the American Board of Medical Genetics (ABMG)
 - A medical geneticist by the American Board of Medical Genetics (ABMG)
 - National Certification from the American Board of Medical Genetics (ABMG)
5. Enclose an Official Verification of Licensure from any state in which you now hold, have ever held an equivalent license or indicate that such verification is being sent to DOPL directly from that state.

Submit The Required Items Above, As Well As Any Supporting Documentation, To:

By U.S. Mail	Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City, Utah 84114-6741
By Express Mail or In Person	Division of Occupational & Professional Licensing 160 East 300 South Salt Lake City, Utah 84111

Have questions or need additional information? Contact us at:

- Phone: **(801) 530-6628** • **(866) 275-3675** (*Utah only*)
- Website: http://dopl.utah.gov/licensing/genetic_counseling.html