



RON CHAPMAN, MD, MPH
 Director & State Health Officer

State of California—Health and Human Services Agency California Department of Public Health



EDMUND G. BROWN JR.
 Governor

Out - of - State

License, Certification, or Registration Verification

The applicant is applying for a California Genetic Counselor License. This form will be used to help verify the applicant's license status in other states.

To Applicant: Please complete top portion of form and send it to the state(s) and/or jurisdiction(s) where you are or have been licensed, certified, or registered. Instruct them to return the form directly to the address listed below. Make a copy of this form if you need to send it to more than one state or jurisdiction.

Name: Last			First			Middle		
Other names you have may have used (include maiden name)						Date of Birth (MM/DD/YYYY)		
Applicant Mailing Address:								
City			State			Zip Code		

(To be completed by the Regulatory Agency)

Please complete this form regarding the applicant listed. Submit the completed form and any other requested material directly to the office address listed below. We will not accept the form if submitted by the applicant. Please note all information will be verified.

Name of Regulatory Agency								
Authority providing verification: State				Name			Title	
License, Certification or Registration Number:						Date Issued		
Is license current:			Expiration Date:					
Yes			No					
Is this individual considered to be in good standing in the state? If "no", please attach explanation								
Yes			No					
Has this license ever been:								
Denied?		Yes		No				
Suspended?		Yes		No				
Revoked?		Yes		No				
Surrendered?		Yes		No				
Reinstated?		Yes		No				
If "yes", please provide a copy of the final order or other documentation of action taken.								
If this license holder has been disciplined, has he/she successfully completed all requirements and is currently in good standing?				Yes		No		

 Signature

 Full Name and Title

 Date

(SEAL)