

Letter of Association

For genetic counselors and licensed medical professionals: In order to be given access to the NT Practitioner data entry screens in the Screening Information System (SIS), you must have a registered NT Practitioner fill out and submit this form to the Genetic Disease Screening Program by mail, or fax to 510-412-1551.

_____ is a genetic counselor or licensed medical professional associated with my practice.

I understand that she/he will be able to access the SIS database, enter NT exam data, and view case interpretation.

NT Practitioner

NT Practitioner Credential ID #

Date

Please list other NT Practitioners for whom this genetic counselor/licensed medical professional will be entering NT data:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____