State of California - Health and Human Services Agency

California Department of Public Health
Genetic Disease Screening Program
850 MARINA BAY PARKWAY, F-175
RICHMOND, CA 94804
PHONE: 510/412-1502
FAX: 510/412-1551

CALIFORNIA GENETIC COUNSELOR LICENSE PAYMENT

Print Form

GENETIC COUNSELOR LICENSE, TEMPORARY OR RENEWAL

INSTRUCTIONS: This is the payment form for a California Genetic Counselor License, Temporary Genetic Counselor License, or Renewal of a Genetic Counselor License. It is also used when a genetic counselor with a Temporary Genetic Counselor License achieves ABGC Board Certification and is applying for a Genetic Counselor License. The payment form is also used to pay to reinstate a revoked Genetic Counselor License or to replace a lost or stolen Genetic Counselor License. Mail this form with the payment and the original California Genetic Counselor License application form (CDPH 4486) to the Genetic Disease Screening Program at 850 Marina Bay Parkway, F-175, Richmond, CA 94804. Please feel free to call 510/412-1479 if you have any questions or concerns.

NOTE: Form CDPH 4486 is not required for license reinstatement or replacement - only this form required.

LAST NAME	FIRST NAME	MIDDLE NAME	
STREET ADDRESS *(Please include apartment number)*	CITY	STATE	ZIP

HOME PHONE	WORK PHONE	WORK PHONE EXTENSION	MOBILE PHONE	FAX PHONE

PLEASE INDICATE HOW YOU WANT YOUR NAME AND DEGREE/S TO APPEAR ON YOUR GENETIC COUNSELOR LICENSE

TYPE OF LICENSE: (CHOOSE ONE) **Note: All license application fees are non-refundable.**

- ☐ **GENETIC COUNSELOR LICENSE APPLICATION FEE ($200.00)** $___.00
- ☐ **TEMPORARY GENETIC COUNSELOR LICENSE APPLICATION FEE ($200.00)** $___.00
- ☐ **EXISTING TEMPORARY GENETIC COUNSELOR LICENSEE APPLYING FOR A GENETIC COUNSELOR LICENSE ($100.00)** $___.00
- ☐ **REPLACEMENT LICENSE FEE ($30.00)** $___.00
- ☐ **REINSTATEMENT OF A REVOKED LICENSE FEE ($100.00)** $___.00
- ☐ **RENEWAL APPLICATION FEE ($100.00)** $___.00

TOTAL $___.00

FOR REINSTATEMENT, REPLACEMENT, RENEWAL OR GENETIC COUNSELOR LICENSE AFTER A TEMPORARY GENETIC COUNSELOR LICENSE, PLEASE PROVIDE CURRENT LICENSE NUMBER **G C** _____

PAYMENT TYPES: (CHECK ONE AND COMPLETE THE NECESSARY INFORMATION)

☐ **CASHIER'S CHECK OR MONEY ORDER MADE PAYABLE TO: GENETIC DISEASE SCREENING PROGRAM**

☐ **VISA**

OR *Choose One* _____ **EXPIRATION DATE:** ____/____
CARD NUMBER

☐ **MASTERCARD**

_____
SIGNATURE

FOR DEPT. USE ONLY **DATE PAYMENT RECEIVED:**	☐ PAYMENT DENIED
DATE PAYMENT APPROVED:	**DATE PAYMENT DENIED:**

PRIVACY DETAILS AND RIGHTS

NOTICE OF INFORMATION PRACTICES PRIVACY NOTIFICATION

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH IS AUTHORIZED TO COLLECT INFORMATION UNDER THE HEALTH AND SAFETY CODE SECTIONS 124980, 124981 AND 124982, FAMILY CODE SECTION 17520, AND BUSINESS AND PROFESSIONS CODE SECTION 494.5. THIS INFORMATION IS USED TO IDENTIFY A PERSON APPLYING FOR A TEMPORARY GENETIC COUNSELOR LICENSE, GENETIC COUNSELOR LICENSE OR RENEWAL OF A GENETIC COUNSELOR LICENSE.

INDIVIDUAL RIGHTS

YOU HAVE THE RIGHT TO LOOK AT OR RECEIVE A COPY OF YOUR INFORMATION. IF YOU REQUEST COPIES, WE WILL CHARGE YOU $0.05 (5 CENTS) FOR EACH PAGE. YOU ALSO HAVE THE RIGHT TO RECEIVE A LIST OF INSTANCES WHERE WE HAVE DISCLOSED INFORMATION ABOUT YOU. IF YOU BELIEVE THAT INFORMATION IN YOUR RECORD IS INCORRECT OR IF IMPORTANT INFORMATION IS MISSING, YOU HAVE THE RIGHT TO REQUEST THAT WE CORRECT THE EXISTING INFORMATION OR ADD THE MISSING INFORMATION. PLEASE CONTACT THE CHIEF, GENETIC DISEASE SCREENING PROGRAM, 850 MARINA BAY PARKWAY F-175, RICHMOND, CALIFORNIA 94804. TELEPHONE 510/412-1502, FAX 510/412-1551.

COMPLAINTS

IF YOU ARE CONCERNED THAT WE HAVE VIOLATED YOUR PRIVACY RIGHTS, OR YOU DISAGREE WITH A DECISION WE MADE ABOUT ACCESS TO YOUR INFORMATION, YOU MAY CONTACT THE GENETIC DISEASE SCREENING PROGRAM. YOU ALSO MAY SEND A WRITTEN COMPLAINT TO THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. THE GENETIC DISEASE SCREENING PROGRAM CAN PROVIDE YOU WITH THE CONTACT INFORMATION FOR THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES.

OUR LEGAL DUTY

WE ARE REQUIRED BY FEDERAL AND STATE LAW TO PROTECT THE PRIVACY OF YOUR INFORMATION, PROVIDE THIS NOTICE ABOUT OUR INFORMATION PRACTICES, AND FOLLOW THE INFORMATION PRACTICES THAT ARE DESCRIBED IN THIS NOTICE. FOR ANY REQUEST FOR INFORMATION OR ACTION WITH RESPECT TO YOUR RECORDS MAINTAINED BY THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, PLEASE CONTACT: CHIEF, GENETIC DISEASE SCREENING PROGRAM, 850 MARINA BAY PARKWAY F-175, RICHMOND, CALIFORNIA 94804. TELEPHONE 510/412-1502, FAX 510/412-1551.