



CALIFORNIA GENETIC COUNSELOR LICENSEE DATA CHANGE REQUEST

This is an opportunity for you to change the following information:

1. Name change, address change, email address change and/or telephone number change;
2. Request a duplicate license;
3. Request a replacement hard card (\$30 replacement fee);
4. Temporary licensee change of employment status;
5. Request a receipt for license payment.

Please note, there is a fee associated with the replacement hard card. It is \$30. To pay this fee, you must complete the Genetic Counselor License Payment form (<http://www.cdph.ca.gov/pubsforms/forms/CtrldForms/cdph4487.pdf>). It is to be mailed directly to:

Genetic Disease Screening Program
Program Standards and Quality Assurance Branch
850 Marina Bay Parkway, F-175, Mailstop 8200
Richmond, CA 94804

If you have any questions or concerns, you may contact our office at (510) 412-6209.

TYPE OF REQUEST

<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> TELEPHONE NUMBER CHANGE	<input type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> EMAIL ADDRESS CHANGE
<input type="checkbox"/> UPDATE REGARDING TEMPORARY EMPLOYMENT	<input type="checkbox"/> REQUEST A DUPLICATE LICENSE	<input type="checkbox"/> REPLACEMENT HARD CARD <small>(REPLACEMENT FEE = \$30)</small>	<input type="checkbox"/> NEED COPY OF RECEIPT OF PAYMENT

CURRENT INFORMATION TO HELP US LOCATE YOU IN OUR SYSTEM

LAST NAME			FIRST NAME			DATE OF BIRTH (MM/DD/YYYY)					
CURRENT GENETIC COUNSELOR LICENSE NUMBER						CURRENT EMAIL ADDRESS					
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PROVIDE INFORMATION YOU WANT CHANGED

LAST NAME						FIRST NAME					
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IF YOU ARE CHANGING YOUR NAME, PLEASE INDICATE HOW YOU WANT YOUR NAME AND DEGREE/S TO APPEAR ON YOUR GENETIC COUNSELOR LICENSE

EMAIL

PREFERRED MAILING ADDRESS *(Please include apartment or suite number)*

IS ADDRESS HOME OR WORK?
 HOME WORK

CITY

STATE

ZIP

HOME PHONE *(Include area code)*

WORK PHONE *(Include area code)*

WORK PHONE EXTENSION

MOBILE PHONE *(Include area code)*

FAX PHONE *(Include area code)*

TEMPORARY LICENSEES - YOU ARE REQUIRED TO KEEP EMPLOYMENT INFORMATION CURRENT

EMPLOYER'S NAME						SUPERVISOR'S NAME					
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STREET ADDRESS *(Include suite number)*

SUPERVISOR'S PHONE NUMBER *(Include area code)*

SUPERVISOR'S EXTENSION

CITY

STATE

ZIP

SUPERVISOR'S POSITION

MD LICENSED GENETIC COUNSELOR

SUPERVISOR'S EMAIL ADDRESS