



CALIFORNIA GENETIC COUNSELOR LICENSE APPLICATION

INSTRUCTIONS: This is an application for a Genetic Counselor License, Temporary Genetic Counselor License or renewal of a Genetic Counselor License. Please note that the application (CDPH4486) is 3 pages and the payment form (CDPH4487) is 2 pages. The application is designed to be completed on-line using Acrobat Adobe Reader, or you may print it out and complete it by hand. In doing so, please type or print neatly. If you do complete on-line, you may pre-submit your application by pressing the "Submit by Email" button on the upper right hand corner of page one. (Social security and driver's license numbers are not transmitted via email). By clicking on submit button an email will be sent from your email account to our email account. If the application is received you will receive an automatic email stating "Thank you for your application." After emailing, you must then print the application, sign in blue ink and mail the signed copy with any accompanying documents (all attachments are considered part of the application) along with the license payment paperwork to the Genetic Disease Screening Program, PSQA Branch, at 850 Marina Bay Parkway, F-175, MS8200, Richmond, CA 94804. Please feel free to call 510-412-1463 or email PSQAGroup@cdph.ca.gov if you have questions or concerns. For more detailed instructions on the licensure application process, visit www.cdph.ca.gov/programs/GDSP/Pages/GeneticCounselorWebpage.aspx.

STANDARD PROCESSING TIME IS ONE TO THREE MONTHS - pre-submitting by email will expedite the process

APPLICANT INFORMATION						
LAST NAME		FIRST NAME		MIDDLE NAME		
OTHER NAMES YOU HAVE USED <i>(include Maiden name)</i>		DATE OF BIRTH (MM/DD/YYYY)		<p style="text-align: center;">Photo Area Affix a 2"x2" Photo Here</p> <p style="text-align: center;">Photo must be of your head and shoulder areas only and taken within 60 days of filing this application</p>		
EMAIL ADDRESS						
PREFERRED MAILING ADDRESS <i>(Please include apartment or suite number)</i>			IS ADDRESS HOME OR WORK? <input type="checkbox"/> HOME <input type="checkbox"/> WORK			
CITY		STATE	ZIP			
DRIVER'S LICENSE NUMBER <i>(NOT transmitted by email)</i>		STATE ISSUED	EXPIRATION DATE (MM/DD/YYYY)			
HOME PHONE <i>(Include area code)</i>	WORK PHONE <i>(Include area code)</i>	WORK PHONE EXTENSION	MOBILE PHONE <i>(Include area code)</i>	FAX PHONE <i>(Include area code)</i>		
SOCIAL SECURITY NUMBER <i>(NOT transmitted by email)</i>			GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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

LICENSE APPLICATION TYPE		
GENETIC COUNSELOR LICENSE <input type="checkbox"/> CHECK HERE FOR A GENETIC COUNSELOR LICENSE OR IF YOU ARE AN EXISTING TEMPORARY GENETIC COUNSELOR LICENSEE APPLYING FOR A GENETIC COUNSELOR LICENSE.	SUBMIT GENETIC COUNSELOR CERTIFICATION <input type="checkbox"/> DIPLOMATE OF ABGC <input type="checkbox"/> DIPLOMATE OF ABMG	YEAR OF CERTIFICATION (YYYY)
TEMPORARY GENETIC COUNSELOR LICENSE <input type="checkbox"/> TEMPORARY LICENSES ARE FOR THOSE WHO HAVE NOT YET RECEIVED ABGC CERTIFICATION. THEY ARE ONLY AVAILABLE FOR 2 YEARS AND RENEWALS ARE NOT ALLOWED.	ACTIVE CANDIDATE OF ABGC? IF YES, SUBMIT DOCUMENTATION. IF NO, SEND VERIFICATION OF COMPLETION OF AN ACCREDITED GENETIC COUNSELING PROGRAM AND LETTER OF INTENT TO APPLY TO ABGC. <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF EXAM (MM/YYYY)
RENEWAL <input type="checkbox"/> CHECK HERE FOR A RENEWAL OF YOUR GENETIC COUNSELOR LICENSE. LICENSE MUST BE RENEWED EVERY 3 YEARS. SUBMIT COPIES OF CONTINUING EDUCATION UNITS (CEUs).	RECERTIFIED WITH ABGC OR ABMG? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Submit)</i>	IF NOT NECESSARY TO RECERTIFY, CHECK REASON <input type="checkbox"/> ABGC CERTIFIED PRIOR TO 1996 <input type="checkbox"/> ABMG CERTIFIED PRIOR TO 1993
FOR RENEWALS, PLEASE PROVIDE CURRENT LICENSE NUMBER G C 	PROVIDE MONTH AND YEAR (MM/YYYY) OF RECERTIFICATION OR MONTH AND YEAR (MM/YYYY) RECERTIFICATION	

EDUCATION (Renewals need not complete this section)

ABGC, ABGC APPROVED/EQUIVALENT ORGANIZATION OR ABMG ACCREDITED DEGREE PROGRAM					
DATES ATTENDED		NAME OF INSTITUTION (NO ABBREVIATIONS OR ACRONYMS)	LOCATION	DEGREE	DATE EARNED (MM/YYYY)
FROM (MM/YYYY)	TO (MM/YYYY)				

EMPLOYMENT INFORMATION (REQUIRED FOR TEMPORARY APPLICANTS ONLY)

IF NOT CURRENTLY EMPLOYED, ENTER "N/A."

TEMPORARY COUNSELOR LICENSEES ARE REQUIRED TO SUBMIT EMPLOYMENT DETAILS PRIOR TO PRACTICING AS GENETIC COUNSELORS.

EMPLOYER'S NAME			SUPERVISOR'S NAME		
STREET ADDRESS <i>(Include suite number)</i>			SUPERVISOR'S PHONE NUMBER <i>(Include area code)</i>		SUPERVISOR'S EXTENSION
CITY	STATE	ZIP	SUPERVISOR'S POSITION	<input type="checkbox"/> MD	<input type="checkbox"/> LICENSED GENETIC COUNSELOR

LICENSE HISTORY

HAVE YOU EVER FILED AN APPLICATION FOR A GENETIC COUNSELOR OR A TEMPORARY GENETIC COUNSELOR LICENSE IN CALIFORNIA? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE GIVE DATE PREVIOUS APPLICATION WAS SUBMITTED (MM/YYYY), IF MORE THAN ONCE, GIVE MOST RECENT DATE.
DO YOU HOLD OR HAVE YOU HELD ANY OTHER PROFESSIONAL LICENSE (MD, RN, NP, GC) IN ANY STATE, TERRITORY, PROVINCE, COUNTRY, OR U.S. FEDERAL JURISDICTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE PROVIDE COPIES OF ALL OFFICIAL DOCUMENTATION REGARDING THE MATTER IN ADDITION TO A WRITTEN EXPLANATION. YOU ARE ALSO REQUIRED TO REPORT ANY MATTER THAT IS PENDING OR IN WHICH CHARGES HAVE BEEN DROPPED OR EXPUNGED.
IF YES, PROVIDE PROFESSION, LICENSE NUMBER AND JURISDICTION (IF MORE THAN ONE PROFESSION, GIVE MOST RELEVANT)	HAS THIS LICENSE EVER BEEN REVOKED OR SUBJECT TO DISCIPLINE? <input type="checkbox"/> YES <input type="checkbox"/> NO
PROFESSION: _____ LICENSE NUMBER: _____ JURISDICTION: _____	_____

LIST ALL GENETIC COUNSELOR OR TEMPORARY GENETIC COUNSELOR LICENSES THAT HAVE EVER BEEN ISSUED TO YOU BY ANY STATE OR JURISDICTION

STATE/JURISDICTION	LICENSE NUMBER	DATE OF ISSUANCE (MM/YYYY)	DATES OF PRACTICE IN STATE/JURISDICTION FROM (MM/YYYY) TO (MM/YYYY)

BACKGROUND

IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, PLEASE PROVIDE ALL OFFICIAL DOCUMENTATION REGARDING THE MATTER IN ADDITION TO A WRITTEN PERSONAL EXPLANATION. AN APPLICANT MUST PROVIDE OFFICIAL HEARING/COURT DOCUMENTS AND LETTERS OF EXPLANATION FROM THE GENETIC COUNSELING CERTIFYING BODY.

IF THESE DOCUMENTS ARE NOT PROVIDED WITH THE MAILED APPLICATION, THEY WILL BE REQUESTED AND REVIEW OF THE APPLICATION WILL NOT PROCEED UNTIL DOCUMENTS ARE RECEIVED. APPLICANTS ARE REQUIRED TO REPORT ANY MATTER THAT IS PENDING OR IN WHICH CHARGES HAVE BEEN DROPPED OR EXPUNGED.

1. DO YOU HAVE ANY HISTORY OF DISCIPLINARY ACTION BY THE ABGC OR ABMG? YES NO

FOR ALL THE QUESTIONS BELOW, INCLUDE ANY DISCIPLINARY ACTIONS BY THE U.S. MILITARY, U.S. PUBLIC HEALTH SERVICE, OR OTHER FEDERAL GOVERNMENT ENTITY.

2. HAVE YOU EVER BEEN CHARGED WITH, OR BEEN FOUND TO HAVE COMMITTED UNPROFESSIONAL CONDUCT, INCLUDING INCOMPETENCE, GROSS NEGLIGENCE IN PERFORMING GENETIC COUNSELOR SERVICES, OR HAVE BEEN DETERMINED TO NOT ADEQUATELY DEMONSTRATE THAT YOU HAVE BEEN REHABILITATED AND WILL PRESENT A THREAT TO THE HEALTH, SAFETY, OR WELFARE OF PATIENTS? YES NO

3. HAVE YOU EVER KNOWINGLY MADE FALSE STATEMENTS OF FACT ON AN APPLICATION OR OMITTED FACTS THAT WOULD HAVE RESULTED IN THE DENIAL OF A GENETIC COUNSELOR OR TEMPORARY GENETIC COUNSELOR LICENSE? YES NO

4. HAVE YOU EVER USED THE TITLE GENETIC COUNSELOR OR ANY OTHER TITLE IMPLYING THAT YOU WERE LICENSED AS A GENETIC COUNSELOR OR TEMPORARY GENETIC COUNSELOR WITHOUT OBTAINING SUCH LICENSE BY THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH AFTER RECEIVING A WARNING TO CEASE SUCH USE? YES NO

5. HAVE YOU COMMITTED A DELIBERATE BREACH OF CONFIDENTIALITY OF PATIENT INFORMATION, OR COMMITTED A BREACH OF CONFIDENTIALITY SUBJECT TO SECTION 124980 OF THE HEALTH AND SAFETY CODE? YES NO

6. HAVE YOU BEEN DENIED A GENETIC COUNSELOR LICENSE OR TEMPORARY GENETIC COUNSELOR LICENSE, PERMISSION TO PRACTICE GENETIC COUNSELING, OR PERMISSION TO TAKE A GENETIC COUNSELOR LICENSE EXAMINATION IN ANY STATE, TERRITORY, COUNTRY, OR U.S. FEDERAL JURISDICTION? YES NO

BACKGROUND - continued

7. HAVE YOU EVER HAD TO SURRENDER YOUR LICENSE TO PRACTICE GENETIC COUNSELING IN CALIFORNIA OR ANY OTHER STATE? YES NO
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8. HAVE YOU EVER BEEN CONVICTED OF A FELONY CHARGE SUBSTANTIALLY RELATED TO THE QUALIFICATIONS, FUNCTIONS, OR DUTIES OF A GENETIC COUNSELOR? A VERDICT OF GUILTY OR A PLEA OF GUILTY OR NOLO CONTENDERE TO A FELONY CHARGE IS DEEMED A CONVICTION. YES NO
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9. IS ANY CRIMINAL ACTION RELATED TO THE ABOVE PENDING? YES NO

APPLICATION DECLARATION/SIGNATURE

I HEREBY CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA TO THE TRUTH AND ACCURACY OF ALL STATEMENTS, ANSWERS AND REPRESENTATIONS MADE IN THIS APPLICATION, INCLUDING ALL SUPPLEMENTARY STATEMENTS. I ALSO CERTIFY THAT I PERSONALLY COMPLETED THIS APPLICATION AND HAVE READ AND UNDERSTAND THE INSTRUCTIONS. I UNDERSTAND THAT FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS A SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE.

SIGNATURE OF APPLICANT _____
PLEASE SIGN FULL NAME IN BLUE INK

SIGNED ON THIS _____ DAY OF _____ YEAR (YYYY)
(DD) MONTH (SPELL OUT)

PRIVACY DETAILS AND RIGHTS

*** MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER**

DISCLOSURE OF YOUR U.S. SOCIAL SECURITY NUMBER IS MANDATORY. SECTION 17520 OF THE FAMILY CODE, SECTION 494.5 OF THE BUSINESS AND PROFESSIONS CODE, AND PUBLIC LAW 94-455 (42 USCA 405 (c)(2)(C)) AUTHORIZE COLLECTION OF YOUR SOCIAL SECURITY NUMBER. IF YOU FAIL TO DISCLOSE YOUR SOCIAL SECURITY NUMBER YOUR APPLICATION FOR LICENSURE WILL NOT BE PROCESSED.

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.

USES AND DISCLOSURE OF INFORMATION

CALIFORNIA LAW ALLOWS THE DEPARTMENT OF CHILD SUPPORT SERVICES, THE STATE BOARD OF EQUALIZATION, AND THE FRANCHISE TAX BOARD TO SHARE TAXPAYER INFORMATION WITH THE DEPARTMENT OF PUBLIC HEALTH AND REQUIRES THE LICENSEE TO PAY HIS OR HER CHILD SUPPORT OR STATE TAX OBLIGATIONS. A LICENSE MAY BE DENIED OR SUSPENDED IF THE CHILD SUPPORT OR STATE TAX OBLIGATIONS ARE NOT PAID. THE STATE WILL PROVIDE THE PUBLIC WITH A LIST OF INDIVIDUALS WITH VALID GENETIC COUNSELOR LICENSES. THE INFORMATION YOU PROVIDE FOR YOUR LICENSE IS CONFIDENTIAL AND WILL NOT BE RELEASED WITHOUT YOUR WRITTEN PERMISSION. SUBJECT TO CERTAIN REQUIREMENTS, WE MAY GIVE OUT YOUR INFORMATION WITHOUT YOUR AUTHORIZATION FOR AUDITING PURPOSES, FOR VERIFICATION OF ABGC OR ABMG CERTIFICATION STATUS, AND FOR THE PURPOSES OF MATCHING NAMES WITH CERTIFIED LISTS OF CHILD SUPPORT OBLIGERS FOUND TO BE OUT OF COMPLIANCE WITH A JUDGMENT OR ORDER FOR SUPPORT PURSUANT TO SECTION 17520 OF THE FAMILY CODE, AND OF THE LARGEST TAX DELINQUENCIES PURSUANT TO SECTION 494.5 OF THE BUSINESS AND PROFESSIONS CODE. WE PROVIDE INFORMATION WHEN OTHERWISE REQUIRED BY LAW, SUCH AS FOR LAW ENFORCEMENT IN SPECIFIC CIRCUMSTANCES. IN ANY OTHER SITUATION, WE WILL ASK FOR YOUR WRITTEN AUTHORIZATION BEFORE USING OR DISCLOSING ANY IDENTIFIABLE INFORMATION. IF YOU CHOOSE TO SIGN AN AUTHORIZATION TO DISCLOSE INFORMATION, YOU CAN LATER REVOKE THAT AUTHORIZATION TO STOP ANY FUTURE USES AND DISCLOSURES.

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.

FOR DEPT. USE ONLY										
DATE APPLICATION RECEIVED										
LICENSE NUMBER ISSUED:	G	C								