

NOTE: If you answer "YES" to any of the following questions please give an explanation:

1. Have you ever received reports of poor medical practice by this genetic counselor, or have you discussed concerns you had about their practice with medical staff officers at a hospital? Yes No
2. Are you aware of any boundary or ethical issues that would affect this applicant's ability to practice as a genetic counselor? Yes No
3. Do you know of any derogatory information about this genetic counselor with respect to their ability to practice as a genetic counselor? Yes No
4. Do you know of any lawsuits having to do with this genetic counselor's practice that this genetic counselor has either lost or settled out of court? Yes No
5. Do you know of any restrictions, limitations or other actions of any nature taken against this genetic counselor by a hospital or other health-related entity? Yes No
6. Do you have any knowledge of any issue(s) that would affect this applicant's ability to work as a genetic counselor in a competent, ethical, and professional manner? Yes No

NOTE: If you answer "NO" to questions 7 or 8 please provide an explanation.

7. Does this genetic counselor exhibit a high degree of ethical and moral standards in his/her practice as a genetic counselor? Yes No
8. Do you recommend this applicant for a genetic counselor license in North Dakota? Yes No

COMMENTS: _____

Reference Signature

Title

Name of Reference (Please Print)

Date

Email Address