

**North Dakota Board of Medicine
GENETIC COUNSELOR
EMPLOYMENT REFERENCE FORM**

TO APPLICANT: The North Dakota Board of Medicine requires letters from all facilities (hospitals, clinics, etc.), where you have practiced within the past **three** years. The Board reserves the right to request any additional letters during the licensing process. These forms must be completed by the hospital/clinic/facility and mailed **directly** to the Board at **4204 Boulder Ridge Rd, Ste 260; Bismarck, ND 58503-6162**. The completed form may also be faxed to 701-989-6392 but **MUST** be sent with a fax cover sheet that provides the Board with the required primary source verification. The form may also be emailed to briplinger@ndbom.org. In addition, the forms must meet the following criteria:

- a) Currently dated
- b) Contain an original signature
- c) Be completed in full

Please be sure to indicate the applicant's name below for identification purposes.

Name of Applicant: _____
(First Name) (MI – if known) (Last Name)

If the hospital/clinic or other facility requires a release (attached) to complete this information on your behalf, complete the Affidavit and submit it to the facility with this form.

Important: The processing time for licensure directly depends on timely receipt of critical forms such as this.

From: (name of hospital/facility) _____

Address _____ City _____ State _____ Zip _____

Area Code/Phone Number _____ Email Address _____

Dates of employment/privileges: _____ **to** _____
Month/year month/year

In what capacity are you acquainted with him/her? _____

NOTE: If you answer "YES" to any of the following questions please give an explanation (circle answers).

1. Have you ever received reports of poor medical practice by this genetic counselor, or have you discussed concerns you had about his/her 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 his/her 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 9, 10, or 11, please provide an explanation.

9. Does this genetic counselor exhibit a high degree of ethical and moral standards in his/her practice of medicine? Yes No
10. Does this genetic counselor display professional respect among his or her colleagues and in the community where this genetic counselor practices? Yes No
11. Do you recommend this applicant for a genetic counselor license in North Dakota? Yes No

COMMENTS: _____

Signature

Title

Name of Personal Reference (Please Print)

Date

Email Address