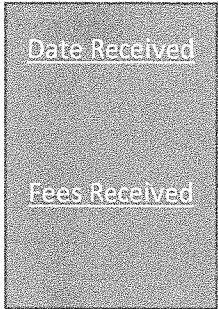


North Dakota Board of Medicine

City Center Plaza, 418 E. Broadway Ave. Suite 12, Bismarck, ND 58501
 Phone (701)328-6500, Fax (701)328-6505

APPLICATION FOR GENETIC COUNSELOR LICENSURE



Date _____

1. Biographical Information

Name _____
 (First) (Middle) (Maiden) (Last)

A. Business address: Business Phone: _____	B. Home Address: Home Phone: _____
C. E-mail address: _____	D. Date of Birth ____/____/____ mm dd yyyy
E. Place of Birth _____	F. Height _____
G. Weight _____	H. Color of Eyes _____
I. Color of Hair _____	J. Identifying Marks _____
K. Social Security # _____	L. DEA Registration # _____

2. Intended Place of Practice

A. Name and address of hospital, clinic, or office where you intend to practice:
B. Anticipated starting date: _____
C. Are you applying for a permanent license or a temporary license? (A temporary license may be issued to an applicant who has been accepted to write the certification exam but has not yet done so.)

3. Certification Information

A. Have you passed the certifying exam administered by the American Board of Genetic Counselors (ABGC) or the American Board of Medical Genetics (ABMG)? Yes ____ No ____ Date _____ Certification # _____ (Attach photocopy of certification)
B. Is your certification by the ABGC or ABMG currently valid? Yes ____ No ____

4. **Licensure Information**

A. Have you ever been licensed or registered as a genetic counselor in another state?
If yes, list states and license/registration number(s) _____

5. **Education**

College: _____ Dates of Attendance: _____ Address: _____
College: _____ Dates of Attendance: _____ Address: _____

6. **Genetic Counseling/Medical Genetics Education/Training**

Institution: _____ Dates of Attendance: _____ Address: _____ Degree: _____ Date Received: _____
Institution: _____ Dates of Attendance: _____ Address: _____ Degree: _____ Date Received: _____

7. **Other Education/Training** (specify nature, location, dates, degrees)

8. **Activities Since Graduation**

Listing in chronological order all professional activities since graduation from genetic counseling/medical genetics training, including any postgraduate training, hospital or clinic affiliations and periods of unemployment. Account for ALL periods of time. If additional space is needed, please attach an addendum. A CV is not acceptable.

From Month/Year	TO Month/Year	Location and Complete Address	Position

9. PERSONAL DATA

<p>All information received in this section will be verified. If any question is answered YES, a full explanation must be furnished on a separate sheet and attached to this form. That explanation shall be considered a part of this application. Applicants should be aware that the Board routinely receives information from other states and from national sources about actions taken against licenses or registrations of genetic counselors.</p>		
<p>A. Have you ever failed a genetic counseling examination, or any portion of a genetic counseling examination, for a genetic counselor license or for any other professional license? (If you ever failed a portion of a genetic counseling exam you must answer "yes" even if you later passed the exam.)</p>	Yes	No
<p>B. Have you ever had an application for a professional license denied?</p>		
<p>C. Have you ever been investigated and or disciplined by any licensing board, agency, professional association or medical facility?</p>		
<p>D. Have you ever been dismissed from, resigned while under investigation, failed to complete an academic year, taken a leave of absence or been placed on probation or reprimanded at a graduate school or postgraduate training program?</p>		
<p>E. Have you ever been subject to informal or formal proceedings by any licensing board, agency or professional association to revoke, suspend, restrict, deny or limit a professional license?</p>		
<p>F. Have you ever had hospital and/or clinic privileges denied, removed or restricted, or limitations imposed on such privileges or resigned hospital and/or clinic privileges to avoid formal action?</p>		
<p>G. Are you now or have you ever been named as a defendant or respondent in any malpractice proceeding?</p>		
<p>H. Have you ever been convicted of any crime, felony or misdemeanor? (You must answer "yes", even if the imposition of sentence was deferred and the crime was later dismissed.)</p>		
<p>I. Have you ever been arrested for, or charged with, any crime?</p>		
<p>J. Within the past two years have you been treated for any physical, mental or emotional condition which impaired or could be said to impair your ability to practice safely and competently as a genetic counselor? You may answer "no" to this question if you have a current contract with the North Dakota Professional Health Program (NDPHP) or a professional health program in another state.</p>		
<p>K. Do you currently have or within the past two years have you had a dependency on the use of or engaged in the excessive or habitual use of alcohol or drugs which impaired or does impair your ability to practice safely and competently as a genetic counselor? You may answer "no" to this question if you have a current contract with the North Dakota Professional Health Program (NDPHP) or a professional health program in another state.</p>		

10. **AGREEMENT TO UPDATE APPLICATION INFORMATION:**

By signing this section of the North Dakota Board of Medicine licensure application form, I agree that:

If any of the information supplied on this application form changes, or becomes inaccurate or incomplete before I am granted a license to practice as a genetic counselor in North Dakota, I will immediately provide the corrected information to the North Dakota Board of Medicine.

Failure to provide such corrected information to the Board will constitute the use of a fraudulent, deceitful, dishonest, or immoral practice in connection with the North Dakota licensing requirements and will, therefore, be a violation of Sec. 50-03-01-11, North Dakota Administrative Code, which will subject me to disciplinary action or denial of licensure.

Signature of Applicant

Date

11. **AFFIDAVIT:**

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and the supporting documents attached hereto.

I have carefully read the questions in this application and have answered them completely, without reservation of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a genetic counselor in the State of North Dakota.

Furthermore, I hereby authorize all hospitals, clinics, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all government agencies (local, state, federal or foreign) to release to the North Dakota Board of Medicine any information which is material to this application or any subsequent registration, certification or licensure.

SIGNATURE OF APPLICANT _____ DATE _____

Subscribed and sworn to before me this _____ day of _____, 20____

NOTARY PUBLIC

My Commission expires _____, 20____

