GENETIC COUNSELORS LICENSURE BOARD
Idaho Bureau of Occupational Licenses
700 West State Street, PO Box 83720
Boise, Idaho 83720-0063
Phone: 208-334-3233, Fax: 208-334-3945
E-mail: gen@ibol.idaho.gov, Web: www.ibol.idaho.gov

APPLICATION INSTRUCTIONS FOR LICENSURE BY ENDORSEMENT

NOTE: ON OR AFTER JULY 1, 2016, IT IS UNLAWFUL TO PRACTICE GENETIC COUNSELING WITHOUT A VALID STATE LICENSE.

- All applications must be complete. Incomplete applications will not be reviewed by the Board.
- The application fees are **not refundable** and will be applied to the action requested through this application only. Send your application and fees to the address listed above with a check or money order made out to IBOL. Applications with credit cards and exact cash can be taken in person at the Bureau's office. All returned checks are subject to a $20 fee.
- Qualifying education and training will be based entirely on completeness and accuracy of information in this application. Supplemental sheets may be attached if necessary with further details regarding your education and training.

$500 application fee
$500 endorsement fee
Total: $1,000

Endorsement Applicants: This method is for those who are licensed in another state with requirements substantially equivalent to Idaho. A person shall be eligible to be licensed as a genetic counselor if the person provides the following:

☐The completed and notarized endorsement application with the appropriate fees attached.

☐Proof of being eighteen (18) years of age or older (please attach a copy of birth certificate, passport, military ID, or valid driver's license).

☐Proof of a master's degree or higher in genetics from an accredited program or a master's degree or higher in a related field approved by the Board.

☐Proof of successfully passing an ABGC or ABMG administered genetic counselor certification exam. The passage of this exam may have occurred prior to July 1, 2016. If you have questions about the exam or which exams are approved, please see the Board Rules on the website. Proof of a current ABGC or ABMG can provide proof of exam passage.

☐Proof of current certification from the ABGC or ABMG.

☐Proof of being currently licensed or certified and in good standing in another state with substantially **equivalent requirements to those in Idaho. Certification of licensure must be sent directly from the state where you are licensed; a copy of your license will not meet this requirement. (Please also provide a copy of the licensure laws and rules for that state.)**

If the name on your application does not match the proof of age document, the transcripts, exam scores, or any other information, please provide proof of the name change in the form of a marriage certificate, divorce decree or court order.

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ENDORSEMENT APPLICATION

Please complete this form by providing the requested information. Your signature must be notarized and the $1,000 total fee must be attached. Submit the completed form to the address noted above. All requested information must be provided and all questions must be answered for the application to be considered.

I hereby make application for a license to practice as a genetic counselor under the provisions of title 54, chapter 56, Idaho Code:

1. **Full Name** (Mr., Mrs., or Ms.) _____

   Any Other Previous Names: _____

2. **Address of Record** _____
   (The above address is public record.) Street/PO Box City State Zip

3. **Mailing Address**_____
   (Will be used as address of record if none provided above.) Street/PO Box City State Zip

4. **Date of Birth** ____/____/_____ **Place of Birth**_____ **Social Security No.** _____/____/_____
   mm dd yyyy (Proof of age in the form of a copy of birth certificate, passport, military ID, or valid driver's license must be attached.)

5. **Business phone** (____)_____ **Cell** (____)_____ **E-mail** _____
   (This number is public record.)

6. **Do you hold a master's degree or higher in genetics from an accredited program or related field approved by the Board?**
   (This office must receive official transcripts directly from the program before your application will be processed) ◯ **Yes** ◯ **No**

7. **Have you passed a Board-approved examination as defined by the Board's Rules?** ◯ **Yes** ◯ **No**
   (If Yes, official scores or proof of ABGC or ABMG certification must be received from the ABGC or ABMG before the application will be processed.)

8. **Do you hold a current certification from the ABGC or ABMG?** ◯ **Yes** ◯ **No**
   (Proof of certification must be sent directly from ABGC or ABMG before the application can be processed.)

9. **Have you been licensed as a genetic counselor in any other state, territory or locality?** ◯ **Yes** ◯ **No**
   If yes, please list any other states, territories or localities where you have held a genetic counselor license or certification in the past 10 years and indicate whether or not the license is current.

   _____
   (Certification of licensure sent directly from the state(s)/locality where the license is held must be received by the Board from the issuing agency before the application can be processed. Please also provide a copy of the laws and rules for the state with the most stringent licensure requirements with this application.)

10. **Have you ever had any license or other authority to practice disciplined or otherwise sanctioned?** ◯ **Yes** ◯ **No**
    (If Yes, a copy of the charges and the final order must be attached and received by the Board before your application will be processed.)

11. **Have you ever been denied registration or licensure by any state, district or regulatory body?** ◯ **Yes** ◯ **No**
    (If Yes, please explain what occurred and provide any documents relevant to the denial.)

12. **Have you ever had a conviction, finding of guilt, withheld judgment, or suspended sentence for a felony or lesser crime?**
    (If Yes, a detailed statement as set forth in Rule 306, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be attached and received by the Board before your application will be processed.) ◯ **Yes** ◯ **No**

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or

authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

_____
Signature of Applicant

This box is for notary use only. All applications must be signed and notarized to be complete.

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

_____
Notary Public Official Signature
My Commission Expires_____