

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

PROVISIONAL LICENSE APPLICATION INSTRUCTIONS

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 provisional license fee
Total: \$1,000

Provisional License Applicants: This method is to allow a person who has been granted ACS to engage in the practice of genetic counseling and who practices under the supervision of a licensed genetic counselor or licensed physician in Idaho. A person shall be eligible to be licensed as a provisional genetic counselor if the person provides the following:

- The completed and notarized original license 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 related field approved by the Board.
- Proof of ACS from ABGC.
- The application and provisional license fee.
- The name of the supervising genetic counselor.

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

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

State of _____, County of _____, ss.

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

(seal)

Notary Public Official Signature
My Commission Expires _____

SUPERVISOR AFFIDAVIT

I hereby certify that I will comply with the Idaho Genetic Counselors Licensure Board's Laws and Rules and those ethical standards adopted by the Board. I further certify that I will supervise the work of the applicant named until such time as I provide written notice by certified mail to the Board of the termination of my supervision. I further certify that I will be responsible for all practice and the ethical conduct of the named applicant while under my supervision. I understand that my failure to comply with the rules governing the supervision of a provisional license holder may result in disciplinary action against my license.

Print Applicant Name

Print Supervisor Name & Idaho License #

Signature of Supervisor

State of _____, County of _____, ss.

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

(seal)

Notary Public Official Signature
My Commission Expires _____