



COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF HEALTH PROFESSIONS LICENSURE  
**BOARD OF REGISTRATION OF GENETIC COUNSELORS**  
239 CAUSEWAY STREET, SUITE 500  
BOSTON, MA 02114  
800-414-0168  
617-973-0806  
[www.mass.gov/dph/boards/gc](http://www.mass.gov/dph/boards/gc)

BOARD OF REGISTRATION OF GENETIC COUNSELORS  
APPLICATION FOR PROVISIONAL LICENSURE

***INSTRUCTIONS AND CHECKLIST***

**Please read these instructions carefully. All supporting materials must be submitted at the same time. Applications will not be reviewed by the Board until all documentation has been received.**

**General Information About the Application Process:**

The Board of Registration of Genetic Counselors (“Board”) highly recommends that you refrain from accepting a Genetic Counselor position in Massachusetts until you are licensed.

Once an application is received by the Board, it takes a **minimum of 3- 5 weeks** to review the completed application and determine if any additional information is required. Once complete, applications are processed for the issuance of a license in the order received. Every effort is made to process license applications in a timely manner; however, the Board is unable to expedite the processing of applications.

To facilitate the processing of your application, please ensure that you provide all the information requested. **DO NOT LEAVE BLANKS.** If you are unable to provide the requested information, attach a separate sheet with an explanation. Missing information will delay the processing of your application.

As an applicant, it is your responsibility to ensure that ALL supporting documentation for licensure is sent directly to the Board and to check with the Board on the status of your application.

All requested information must be provided; failure to provide requested information may result in a delay in processing of application. Incomplete applications will be returned to applicant.

**Complete applications must include the following documents:**

- Completed application form, signed and dated by the applicant and notarized.
- 2x2 passport style color photo; white or off-white background; copies and printer generated photos are not acceptable.

- Signed and notarized Criminal Offender Record Information (CORI) Acknowledgement Form obtained from the Board's website.
- Check or money order payable to the Commonwealth of Massachusetts for **\$300.00** Cash or foreign currency is not accepted and the fee is **nonrefundable**.
  - **NOTE:** When you apply for a full license, you will be required to pay an additional application and license fee of \$300.00
- Official transcripts in a signed and sealed envelopes for all undergraduate programs/degrees, accredited (per ABGC or ABMG) master's or PhD genetic counselor programs/degrees and any other post-secondary programs/degrees. **Transcripts must be complete and indicate the degree and date conferred in mm/dd/yyyy format.**
- Verification of licensure status, in signed sealed envelopes, from any state or jurisdiction in which you now or have previously held **any** professional license. Verifications may be sent directly to the Board by the state or other jurisdictions.
- If you hold, or have ever held, any professional license or certification, you must request a National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank Self-Query and submit the Original report in a signed and sealed envelope with this application. To request a Self Query, please contact the National Practitioner Data Bank at 1-800-767-6732 or <http://www.npdb.hrsa.gov/>. Keep a copy for your records.
  - **NOTE:** If you do **NOT** hold and have never held a professional licenses in any other state, you do not need to submit a National Practitioner Data Bank self-query.
- Name of supervisor with contact information and signature.
- Application must be submitted on single-sided paper.
- Submission of completed application and fee acknowledges that the applicant understands and agrees to all provisions herein. Applications are void if requirements for physician assistant licensure are not met within one (1) year from the date of Board receipt of this application. All fees are non-refundable and non-transferable.
- Retain a copy of the completed application for licensure for your records. **The Board is not able to provide copies of the application.** Employers may require that you provide them with a copy.

**IMPORTANT INFORMATION:**

In order to apply for a license, you must submit verification from ABGC or ABMG that you are registered to take the next certification examination. This must be in hard copy format; email verifications are not acceptable. In the event that you fail the certification examination you must submit hard copy verification from ABGC or ABMG stating that you continue to maintain active candidate status or have registered to retake the examination on the next available administration. Your provisional license shall remain valid until the results of the re-examination are published.

**If you fail to pass a second time, you must cease practicing immediately.**

Pursuant to Board regulation at 270 CMR 3.07 (1), a genetic counselor applicant/ licensee must notify the Board in writing of any of the following events within 30 days of their occurrence, including but not limited to any change of address, any name change, and change in the identity or address of the supervisor of the applicant/licensee.

Pursuant to 270 CMR 3.02 (3), an application is no longer valid if requirements for genetic counselor licensure are not met within one (1) year from the date of Board receipt of this application. All fees are non-refundable and non-transferable.

The address printed on your license is a **PUBLIC RECORD** that is available to the public. Address changes may be done online at the board's website [www.mass.gov/dph/boards](http://www.mass.gov/dph/boards) or you may obtain a form online to submit to the Board's office. Please be advised that address changes can take 4-6 weeks to be processed.

The address of record is where the Board mails your license and any correspondence.

Retain a copy of all information and the completed application for licensure for your records. Employers may require that you provide them with a copy.

Answers to many questions may be found on the Board's website. Statutes and regulations governing genetic counselor licensure may be found on the website; they are also available for purchase from the State House Bookstore, Massachusetts State House, Room 116, Boston, MA 02108, 617-727-2834.

For further information, please contact the Board office at 1-800-414-0168.



## EDUCATION

7. ABGC OR ABMG ACCREDITED DEGREE PROGRAM: \_\_\_\_\_  
Program and Educational Institution

Number Street City State Zip Code

Degree Awarded: \_\_\_\_\_ Date Degree Awarded: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

***Applicant must arrange for an official transcript to be mailed directly to the Board by the degree-awarding institution.***

8. UNDERGRADUATE EDUCATION: \_\_\_\_\_  
Name of Institution

Number Street City State Zip Code

Degree Awarded: \_\_\_\_\_ Date Degree Awarded: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

***Applicant must arrange for an official transcript of undergraduate education to be mailed directly to the Board by the degree-awarding institution.***

9. OTHER EDUCATION: \_\_\_\_\_  
Name of Institution

Number Street City State Zip Code

Degree Awarded: \_\_\_\_\_ Date Degree Awarded: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mm/dd/yyyy)

***Applicant must arrange for all official transcripts of other post-secondary education to be mailed directly to the Board by the degree-awarding institution.***

10. NAME OF SUPERVISOR: \_\_\_\_\_ LICENSE NUMBER: \_\_\_\_\_

WORK ADDRESS OF SUPERVISOR \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ WORK EMAIL \_\_\_\_\_

**I have reviewed with my supervisee the Guidelines for General Supervision of Provisionally Licensed Genetic Counselors.**

SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

11. GENETIC COUNSELOR CERTIFICATION EXAMINATION

I CERTIFY, UNDER THE PENALTIES FOR PERJURY, THAT:

I TOOK THE **ABGC** CERTIFICATION EXAMINATION ADMINISTERED ON \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY)

I TOOK THE **ABMG** CERTIFICATION EXAMINATION ADMINISTERED ON \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY)

I AM REGISTERED FOR THE **ABGC** CERTIFICATION EXAMINATION TO BE ADMINISTERED ON:  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY)

I AM REGISTERED FOR THE **ABMG** CERTIFICATION EXAMINATION TO BE ADMINISTERED ON:  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY)

**Applicants must arrange for official verification of certification to be mailed directly to the Board by the ABGC or the ABMG.**

12. APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**VERIFICATION OF OTHER LICENSES/BOARD CERTIFICATIONS**

13. LIST BELOW ALL OTHER PROFESSIONAL LICENSES AND BOARD CERTIFICATIONS EVER HELD; INCLUDE ALL STATES AND JURISDICTIONS.

I DO NOT CURRENTLY HOLD AND HAVE NEVER HELD A PROFESSIONAL LICENSE OR CERTIFICATION IN ANY STATE OR JURISDICTION.

<u>Issuing State/Jurisdiction</u>	<u>Profession</u>	<u>License/Certification Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Applicants must arrange for official documentation of current license status from each state or jurisdiction to be mailed directly to the Board.**

## QUESTIONS

**IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS PLEASE ATTACH A SEPARATE SHEET EXPLAINING THE CIRCUMSTANCES.**

14. Have you ever been denied a license, or ever withdrawn or attempted to withdraw an application, for any professional license in the United States or any country or foreign jurisdiction?

Yes  No

15. Has any licensing or certification board, government authority, hospital or health care facility or professional association located in the United States or any country or foreign jurisdiction taken any disciplinary action against you?

Yes  No

16. Are you the subject of any pending disciplinary action by any licensing or certification board, government authority, hospital or health care facility or professional association located in the United States or any country or foreign jurisdiction?

Yes  No

17. Have you ever voluntarily surrendered or resigned any professional license or board certification in the United States or any country or foreign jurisdiction?

Yes  No

18. Have you ever been arrested, charged, arraigned, indicted, prosecuted, convicted or been the subject of any criminal investigation or any court proceeding in relation to any criminal violation? Do not report minor violations for which a fine of \$250 or less was imposed.

Yes  No

19. Have you ever been court martialed or other than honorably discharged from the armed services (military) of the United States or of any country or foreign jurisdiction?

Yes  No

**RELEASE**

I hereby authorize all hospitals, institutions, credentialing agencies, organizations, personal physicians, employers (past and present), business and genetic counseling associates (past and present), and all government agencies and entities (local, state, federal, or foreign) to release to the Board of Registration of Genetic Counselors any information, files or records requested by the Board in connection with the processing of my application. I further authorize the Board of Registration of Genetic Counselors to release information contained in this application in association with its processing.

**AFFIDAVIT OF APPLICANT**

To the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by state law and do not owe child support.

I understand that the Board is certified by the Massachusetts Criminal History Systems Board for access to Criminal Offender Record Information (CORI), including conviction and pending criminal case data. As an applicant for a license to practice as a genetic counselor, I understand that a CORI check may be conducted by the Board for conviction and pending criminal case information only and that the CORI results will not necessarily disqualify me.

I understand that I am responsible for reading and understanding the laws and regulations governing practice as a licensed Genetic Counselor in Massachusetts and I hereby agree to comply with such laws and regulations.

I understand that this application for licensure as a Genetic Counselor shall be deemed no longer valid if requirements for provisional licensure as a Genetic Counselor not met within one (1) year from the date of Board receipt. I also understand that fees are non-refundable and non-transferable.

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that any failure to provide truthful and accurate information in connection with this application for licensure may be grounds for the Board of Registration of Genetic Counselors to deny issuance of a license; to suspend or revoke a license issued to me; and to deny renewal of a license issued to me, all in accordance with Massachusetts law.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

**Attach a recent 2x2 passport photo**

NOTARY NAME: \_\_\_\_\_

COMMISSION EXPIRES: \_\_\_\_\_

[Seal]

**INCLUDE A NONREFUNDABLE FEE OF \$300.00 (CHECK OR MONEY ORDER ) PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS**