

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 \_\_\_\_/\_\_\_\_/\_\_\_\_