

**GENETIC COUNSELORS LICENSURE BOARD**  
**Idaho Division of Occupational and Professional Licenses**  
**11341 W. Chinden Blvd., Building #4 Boise, ID 83714 or**  
**PO Box 83720, Boise, ID 83720-0063**  
**Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>**  
**E-mail: [gen@dopl.idaho.gov](mailto:gen@dopl.idaho.gov)**

**APPLICATION INSTRUCTIONS FOR PROVISIONAL LICENSE**

- All applications must be complete. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. **Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will be returned, which will delay licensure.**
- 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.
- Please note that the license must be issued before you can begin practice.

**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;
- Fee of \$200 (\$50 application fee and \$150 provisional license fee - \$200 total). FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to DOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid;
- Proof of age – a clear and readable color copy of a government-issued photo ID such as a passport, military ID or valid driver’s license is acceptable.
- 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.
- Please keep a copy of this application for your records.

**ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES**

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

- To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.

**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.**



**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 Division of Occupational and Professional 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 Division of Occupational and Professional 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 \_\_\_\_\_

**Note: The applicant’s signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language “subscribed and sworn” must appear before the applicant’s signature. An “acknowledgement” where the notary only verifies the identity of the applicant is not acceptable.**

**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 \_\_\_\_\_