

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

APPLICATION INSTRUCTIONS FOR LICENSURE

- 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 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.

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;
- Application fee of \$200. (\$50 application fee and \$150 endorsement 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 ID such as a passport, military ID, or valid driver’s license is acceptable;
- 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 current certification from the ABGC or ABMG; and
- 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. **If the licensing state guarantees they are a primary source verification state, you may provide a print out of the license certification and include it with your application.**
- Please keep a copy of this application for your records.

Original License/License by Examination Applicants: This method is for those who are first-time licensees. Those who are licensed in another state with requirements substantially similar to Idaho should fill out the endorsement application. A person shall be eligible to be licensed as a genetic counselor if the person provides the following:

- The completed and notarized original license application with the appropriate fees attached;
- Application fee of \$200. (\$50 application fee and \$150 original 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 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 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 current certification from the ABGC or ABMG.
- 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, 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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APPLICATION FOR GENETIC COUNSELOR LICENSURE- \$200

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

Original Licensure

Endorsement Licensure

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

Any Other Previous Names: _____

2. **Address of Record** _____
(The above address is a 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. **Social Security No.** ____/____/____ **Date of Birth** ____/____/____
(This is not a public record; required by I.C. § 67-2609.) mm dd yyyy

5. **Business Phone** (____) _____ **Other** (____) _____ **E-mail** _____
(This number is a public record.) (This number is not a public record.) (This is not a public record; required by I.C. § 73-122.)

6. **Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?** Yes No

7. **Do you hold a master's degree or higher in genetics from an accredited program or related field approved by the Board?** Yes No
(If you are applying for original licensure, this office must receive official transcripts directly from the program before your application will be processed.)

8. **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.)

9. **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.)

10. **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.)

11. **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.)

12. **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.)

13. **Have you ever had a conviction, finding of guilt, withheld judgment, or suspended sentence for a felony or lesser crime?** Yes No
(If Yes, the Criminal Conviction Disclosure Form, official court documents, probation and parole documents and any other relevant information must be received with this application.)

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

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 _____

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.