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: <u>https://dopl.idaho.gov</u> E-mail: gen@dopl.idaho.gov

PROVISIONAL LICENSE RENEWAL

- The renewal fees are **not refundable**. 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 Board's office. All returned checks are subject to a \$20 fee.
- Please note that the provisional license must be issued before you can practice.
- The renewal of a provisional license is at the discretion of the Board with renewal being for one year with a maximum of four renewals Idaho Code § 54-5610.
- If your provision license has expired, you may reinstate the license by submitting this application, the \$150 renewal fee and a \$35 reinstatement fee.

\$150 renewal fee

Submit the completed form with the fees to the address noted above. All requested information must be provided and all questions must be answered for the application to be considered.

I hereby make application for renewal of a provisional license under the provisions of title 54, chapter 56, Idaho Code:

This is the 1^{st} renewal 2^{nd} renewal 3^{rd} renewal (mark one)

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

(If your name has changes since your last provisional, please provide proof of the name change with this application.)

| 2. | Address of Record | | | | | |
|----|--|---------------|---------------|-------------|-------|-------------------------------|
| | (The above address is 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. | Current License # | | Email | | | |
| 5. | Business Phone ()(This number is public record.) | | Cell Phone (_ |) | | |
| 6. | Since the date of your last application disciplined or otherwise sanctioned? (If Yes, a copy of the charges and the final order must be attached) | | | | (| oractice) Yes () No |
| 7. | Since the date of your last application district or regulatory body? (If Yes, please explain what occurred and provide any docur | • | | egistration | | oy any state,) Yes () No |
| 8. | Since the date of your last application or suspended sentence for a felony or (If Yes, the Criminal Conviction Disclosure Form, official co be received with this application.) | lesser crim | ne? | | (|) Yes () No |
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9. Please explain the reason for the renewal:

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 |

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 |