Genetic Counselor Licensure Application
Alabama

Application Checklist and Instructions

All Applicants

The following items are required to complete your application:

Application/License Fee (select all that apply):
Please make your check/money order payable to: Alabama Board of Genetic Counseling

- ☐ **Temporary License application fee $100**
- ☐ **Temporary License fee $300**
- ☐ **Genetic Counselor License application fee $100**
- ☐ **Genetic Counselor fee $300**
- ☐ **Renewal fee $300**
- ☐ **Restoration fee $250**
- ☐ **Inactive License fee $150**
- ☐ **Verification of License fee $25**

Forms:

- ☐ **Application form**
- ☐ **Documentation of one of the following certifications:**
  - **Genetic Counselor by the American Board of Genetic Counseling**
  - **Genetic Counselor by the American Board of Medical Genetics**
  - **Medical Geneticist by the American Board of Medical Genetics**
- ☐ **State Board License Verification**
- ☐ **Official transcript documenting a Master or Doctoral degree in genetic counseling from an approved program**
- ☐ **Proof of U.S. Citizenship (copy of your U.S. passport, driver's license, or birth certificate)**
  - **If you are not a U.S. citizen, you must submit documentation that will determine if you have a qualified alien status.**

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State of Alabama

License Application Type		
☐ **Genetic Counselor License** *Check here for a Genetic Counselor license or if you are an existing temporary genetic counselor licensee applying for a Genetic Counselor license*	Submit Genetic Counselor certification ☐ Diplomate of ABGC ☐ Diplomate of ABMG	Year of Certification (YYYY)
☐ **Temporary Genetic Counselor License** *Temporary licenses are for those who have not yet received American Board of Genetic Counseling certification. They are only available for 1 year and renewals are not allowed*	Active candidate of American Board of Genetic Counseling? ☐ Yes – if Yes, submit documentation ☐ No – if No, send verification of completion of an accredited genetic counseling program and letter of intent to apply to ABGC	Date of Exam (MM/YYYY)
☐ **Renewal** *Check here for a renewal of your Genetic Counselor license. License must be renewed every year. Submit copies of continuing education units (CEUs)*	Recertified with ABGC or ABMG? ☐ Yes (submit) ☐ No	If not necessary to recertify, check reason ☐ ABGC certified prior to 1996 ☐ ABMG certified prior to 1993
For Renewals, please provide current license number:	Provide month and year (MM/YYYY) of recertification:	
☐ **Inactive Genetic Counselor License** *Available for up to, but not to exceed, five (5) years*		

Applicant Information

Name: Last	**Middle**	**First**	**Suffix (Jr, Sr)**
Please Indicate How You Want Your Name and Degrees to Appear On Your Genetic Counselor License:			**Race**
All Previous Legal Names:			
Social Security Number	**Date of Birth**	**Sex** ☐ **Male** ☐ **Female**	**Phone Number**
Driver's License or State ID Card:	**State of Issue**	**License #**	**Expiration Date**
Email Address:			

Home Address (mailing address)	**Street Address (including Apt/Unit/Ste#) and/or PO Box**		
	City	**State**	**Zip**
Business Address (this is the public address)	**Street Address**		
	City	**State**	**Zip**

Photo Area – Affix a 2"x2" passport photo here
Photo must be of your head and shoulder areas only and taken within 60 days of filing this application

Applicant Questionnaire		
Instructions: If you answer, "YES" to questions 3-15, you are required to furnish complete details, including date, place, reason and disposition of the matter. Failure to furnish complete questionnaire may result in a delay in the processing of your application. I understand that my questionnaire may be selected for verification of the information provided. I recognize that providing false information or incomplete information may result in disciplinary actions against my license pursuant to the Board and may result in criminal penalties.	**YES**	**NO**
Are you a U.S. Citizen?		
Are you a current resident of Alabama?		
Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice medicine in a competent, ethical, and professional manner?		
Have you entered a plea bargain, been arrested, indicted, or convicted for violating any state or federal law including DUI (excluding minor traffic violations)?		
Have you ever been denied the privilege of taking a licensing or certification examination given by any licensing Board or Agency?		
Has any licensing Board or agency ever denied, suspended, or revoked your certificate or license?		
Has any licensing Board or agency ever taken a public or private disciplinary action against you?		
Have you even been denied membership in, or in any way sanctioned by, any professional association, including any genetic counselor association, or society?		
Have you ever voluntarily surrendered a license?		
Have you ever been, or to your knowledge are you currently, the subject of an investigation by any licensing Board or agency as of the date of this application?		
Do you have any applications for licensure pending before any other licensing Board or agency?		
Have you ever had any restrictions as a Medicaid or Medicare provider?		
Have you ever served/serving in the U.S. armed forces?		
Have you been discharged from U.S. armed forces?		
Have you ever defaulted on child support payments?		

Current Employer:

_____

Employer City/State_____ **Working Remote: Yes No**

Date Started Month/Year: _____ **Job Title/Role:** _____

Education (Attach a separate page, if necessary) *Renewals need not complete this section

College/University - Undergraduate			College/University - Graduate		
City, State			City, State		
Mo/Yr. Started	Mo/Yr. Ended	Degree Earned	Mo/Yr. Started	Mo/Yr. Ended	Degree Earned

Certification Examination

List date and result of each American Board of Genetic Counseling and/or American Board of Medical Genetics and Genomics exam attempt		
Date	Result – Pass/Fail	Expected Exam Date (if recent graduate)

Other Alabama Licenses

Have you ever held a healthcare related license in the State of Alabama? Yes No

If yes, what type of license? License #

Other State Licenses

If you have ever held a healthcare related license, permit, or certification, permanent or temporary, in another state please provide the information below				
State	**Type of License**	**License #**	**Issue Date**	**Expiration Date**

Affidavit and Release

- I certify that I am qualified in all respects for the license for which I am applying in this application
- I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, discloses all material facts regarding the applicant and that I will update or correct the application as necessary, prior to any action on my application.
- I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release the Alabama Board of Genetic Counseling, State of Alabama, any files, records, or information of any type reasonably required for the Board to properly evaluate my qualifications for licensure/certification/registration by the State of Alabama.
- I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.
- I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
- I understand that I am responsible to update the Board of any changes relating to my license/certification/registration.

Signature of Applicant _____ Date_____

Please submit all parts of the application, including the appropriate fee to the following:

Alabama Board of Genetic Counseling
2777 Zelda Road
Montgomery, AL 36106

If you have questions, please feel free to reach us via email at genetic@alstateboard.com.