

INSTRUCTIONS FOR MAKING APPLICATION FOR A GENETIC COUNSELOR TEMPORARY LICENSE

BEFORE COMPLETING THE APPLICATION PACKAGE, read each of the steps below and follow them as they apply to you. This will aid you in accurately completing your application and eliminate any delay in processing. Applicants must be at least 21 years of age.

PLEASE NOTE: The holder of a temporary license shall practice only under the supervision of a qualified supervisor. A "qualified supervisor" means any person who is a licensed genetic counselor or a physician licensed to practice medicine in all its branches. A qualified supervisor may be provided at the applicant's place of work, or may be contracted by the applicant to provide supervision. The qualified supervisor shall file written documentation with the Department of Financial and Professional Regulation of employment, discharge, or supervisory control of a genetic counselor at the time of employment, discharge, or assumption of supervision of a genetic counselor.

A temporary license shall expire 24 months from the date of issuance. A temporary license may only be renewed if the certifying examination administered by the American Board of Genetic Counseling (ABGC) or the American Board of Medical Genetics (ABMG) is not given during the 24 month period. A temporary license shall automatically expire upon issuance of the Illinois permanent license or upon notification that the applicant failed the examination. In the event the individual fails to take the next available examination or fails to successfully complete the next available examination for licensure, the temporary license shall be void and the individual must cease practicing; failure to do so shall be considered unlicensed practice and will subject the individual to discipline.

APPLICATION INSTRUCTIONS

1. Supporting Document PHQ must be completed and submitted with each application. Your application will not be processed without completion of this form.
2. Complete the application in its entirety. An incomplete or illegible application will be returned.
3. Submit a legible copy of your admission to the certifying examination as evidence of meeting exam requirements--Active Candidate Status Letter will be accepted.
4. Supporting Document EMP-GC (Employment Notification form) must be completed by the appropriate qualifying supervisor and should accompany the application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit proof of legal name change--a copy of marriage license, divorce decree, affidavit or court order.
6. Payment of \$50, in the form of check or money order payable to the Illinois Department of Financial and Professional Regulation, or payment online by visiting <https://idfpr.illinois.gov/epay.html>.

Please forward all materials and fee to:

Illinois Department of Financial and Professional Regulation
ATTN: Division of Professional Regulation
PO Box 7007
Springfield, Illinois 62791

Additional application forms can be downloaded from the IDFPR Web site at www.idfpr.illinois.gov.

APPLICATION FOR GENETIC COUNSELOR TEMPORARY LICENSE

FOR OFFICIAL USE ONLY

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILSC 446/1 et. seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

PART I: Application Category Information

1. PROFESSION NAME Genetic Counselor	2. PROFESSION CODE 2 4 7	3. LICENSURE METHOD TEMPORARY	4. FEE \$50.00
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A. Check the box indicating the appropriate information regarding your application. ☐ Military ☐ Military Spouse ☐ Not Military ☐ Decline to Answer

Military service member is defined as, "Service member means any person who, at the time of application under this Section, is an active duty member of the United States Armed Forces or any reserve component of the United States Armed Forces, the Coast Guard, or the National Guard of any state, commonwealth, or territory of the United States or the District of Columbia or whose active duty service concluded within the preceding 2 years before application." The following will be considered proof of you or your spouse's active military status: DD214, Letter of Service signed by Unit Commanding Officer, or Proof of Service document from the Servicemember's electronic personnel portal. Proof for Spouses: Military Permanent Change of Station Orders with the spouse identified by name; Official Notification of Change of Assignment with your marriage license, a certified DD1172 verifying marital status, or a letter signed by the commanding officer verifying change of assignment and the name of the military spouse.

PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation, Division of Professional Regulation, of any address changes after you file this application in order to receive any further information.

1. NAME (Last, First, Middle)			2. SSN OR ITIN ____ - ____ - ____		
3. PERMANENT MAILING ADDRESS	Street	City	State/Country	Zip Code	County
____ - ____					
4. BUSINESS ADDRESS	Street	City	State/Country	Zip Code	County
____ - ____					
5. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED (see Instructions)				6. MOTHER'S MAIDEN NAME	
7. PLACE OF BIRTH			8. DATE OF BIRTH		9. AGE
City State/Country			____ / ____ / ____		<input type="checkbox"/> Female <input type="checkbox"/> Male
10. TELEPHONE NUMBER WHERE YOU MAY BE REACHED					
Work: (____) ____ - ____ Home: (____) ____ - ____ Area Code Area Code					
Fax: (____) ____ - ____ Fax: (____) ____ - ____ Area Code Area Code					
11. E-MAIL ADDRESS(ES) (REQUIRED)					

PART III: Qualification for a Temporary License

Please mark the appropriate box:

- ☐ Master's degree from a training program accredited by the American Board of Genetic Counseling.
- ☐ An Equivalent program approved by the American Board of Genetic Counseling or the American Board of Medical Genetics.

- ☐ Completion of a training program accredited by the American Board of Medical Genetics.
- ☐ A doctoral degree and successful completion of an accredited medical genetics training program or an equivalent program approved by the American Board of Medical Genetics.
- ☐ A physician licensed to practice medicine in all of its branches.

PART IV: Personal History Information (This part must be completed by all applicants)		YES	NO
1. Have you been convicted of or pled guilty or nolo contendere to any criminal offense in any state or in federal court? Please do not give details on minor traffic charges, but do include information relating to Driving While Intoxicated (DWI) charges. <i>If yes, attach a personal statement describing the circumstances of the conviction and certified copies of court records of your conviction including the nature of the offense, date of discharge, and a statement from the probation or parole office. In general, a criminal conviction by itself does not usually result in denial of licensure.</i>			
2. Have you been convicted of a felony? <i>In general, a felony conviction by itself does not usually result in denial of licensure.</i>			
3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? <i>If yes, attach a copy of the certificate.</i>			
4. Do you now have any disease or condition that presently limits your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition? <i>If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.</i>			
5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? <i>If yes, attach a detailed explanation.</i>			
6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? <i>If yes, attach a detailed explanation.</i>			

PART V: Child Support , Tax Information and Workers' Compensation (Every applicant is required by law to respond to the following questions)	
1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court. Are you more than 30 days delinquent in complying with a child support order? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(NOTE: If you are not subject to a child support order, answer "no.")</i>	
2. In accordance with 20 ILCS 2105-15(g), "The Department shall deny any license application or renewal authorized under any licensing Act administered by the Department to any person who has failed to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of tax, penalty, or interest, as required by any tax Act administered by the Illinois Department of Revenue, until such time as the requirement of any such tax Act is satisfied." Are you delinquent in the filing of state taxes? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. In accordance with 20 ILCS 2105/2105-15(g-5), "The Department shall refuse the issuance or renewal of a license to, or suspend or revoke the license of, any individual, corporation, partnership, or other business entity that has been found by the Illinois Workers' Compensation Commission or the Department of Insurance to have failed to secure workers' compensation obligations, or pay in full a fine or penalty imposed due to a failure to secure workers' compensation obligations." Are you delinquent in complying with workers' compensation obligations? Yes <input type="checkbox"/> No <input type="checkbox"/>	

PART VI: Method of Payment and Certifying Statement	
<div style="margin-bottom: 10px;"> <input type="checkbox"/> Check / Money Order. Check Number: _____ </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Online. Paid Online at: https://idfpr.illinois.gov/epay.html in the amount of _____. Approved #: _____ </div> <p style="font-size: small;">Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete. I UNDERSTAND THAT FEES ARE NOT REFUNDABLE.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> _____ Signature of Applicant </div> <div style="width: 45%; text-align: center;"> _____ Date </div> </div>	

IMPORTANT NOTICE: Completion of this form is required by 225 ILCS 95/1, et.seq. of the Illinois Compiled Statutes. Disclosure of this information is mandatory. Any person who is found to have knowingly violated any provision of this Act is subject to discipline under the Act.

**GENETIC COUNSELOR
TEMPORARY LICENSE
EMPLOYMENT NOTIFICATION**

SUPPORTING DOCUMENT

EMP-GC

INSTRUCTIONS

A genetic counselor shall not engage in the practice of genetic counseling or other task delegated by a qualifying supervisor until written notice of the assumption of supervisory control is made to the Department. If a genetic counselor ceases to be under the supervisory control of the licensed genetic counselor or physician licensed to practice medicine in all its branches and whose notice of employment is on file with the Department, said qualifying supervisor shall give written notice to the Department immediately advising of the termination. This form must be typed or printed by the qualifying supervisor. ***Any alterations to said form will be questioned and may delay processing.***

APPLICANT: This form must be completed in its entirety and accompanied by the four (4) page application.

1. NAME (Last, First, Middle)	2. DATE OF BIRTH / /	3. SSN OR ITIN - - - - -
4. ADDRESS (Street, City, State, Zip Code)	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making application. <div>GENETIC COUNSELOR Profession Name</div> <div>2 4 7 Profession Code</div>	

QUALIFYING SUPERVISOR: Complete the remainder of this form and return directly to the applicant at the above address in a sealed envelope.

1. NAME (Last, First, Middle)	2. TITLE (M.D., L.G.C.)	3. LICENSE NUMBER
4. NAME AND ADDRESS OF EMPLOYMENT	5. BUSINESS TELEPHONE NUMBER (include Area Code)	
	6. FAX NUMBER (include Area Code)	
7. DATE SUPERVISORY CONTROL BEGAN: _____		

Under penalties of perjury, I, _____, certify that I am the Qualifying Supervisor for this genetic counselor applicant and that I will personally supervise his/her work. Furthermore, I agree to file written documentation with the Department of Financial and Professional Regulation at the time of employment, discharge, or assumption of supervision of a genetic counselor.

Signature of Qualifying Supervisor

Date