

Advisory Board on Genetic Counseling

Virginia Board of Medicine

June 5, 2017

1:00 p.m.

Advisory Board on Genetic Counseling

Board of Medicine
Monday, June 5, 2016; 1:00 p.m.
9960 Mayland Drive, Suite 201
Richmond, Virginia
Training Room 2

Call to Order – Matthew Thomas, ScM CGC

Emergency Egress Procedures – Matthew Thomas i

Roll Call - Denise Mason

Approval of Meeting Minutes dated November 14, 2016 1-3

Adoption of the Agenda

New Business

1. Review of Regulations Effective June 14, 2017
Elaine Yeatts 4-24
2. Review of Application Process
Alan Heaberlin 25-55
3. Does a Verification in Genetic Counseling from the Accreditation
Council for Genetic Counseling (ACGC) meet the Board's requirement
for licensure under section 18VAC85-170-50(2) and 18VAC85170-60.
Matthew Thomas, ScM CGC 56-57

Next Meeting Date: October 2, 2017 @ 1:00 p.m.

Announcements:

Adjournment:

PERIMETER CENTER CONFERENCE CENTER
EMERGENCY EVACUATION OF BOARD AND TRAINING ROOMS
(Script to be read at the beginning of each meeting.)

PLEASE LISTEN TO THE FOLLOWING INSTRUCTIONS ABOUT EXITING THESE PREMISES IN THE EVENT OF AN EMERGENCY.

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When the alarms sound, leave the room immediately. Follow any instructions given by Security staff

Board Room 1

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **RIGHT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Board Room 2

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **RIGHT**. Follow the corridor to the emergency exit at the end of the hall.

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You may also exit the room using the side door **(Point)**, turn **Right** out the door and make an immediate **Left**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Board Rooms 3 and 4

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **RIGHT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

Training Room 1

Exit the room using one of the doors at the back of the room. **(Point)** Upon exiting the room, turn **LEFT**. Follow the corridor to the emergency exit at the end of the hall.

Upon exiting the building, proceed straight ahead through the parking lot to the fence at the end of the lot. Wait there for further instructions.

**ADVISORY BOARD ON GENETIC COUNSELING
MINUTES**

November 14, 2016

PUBLIC HEARING

Mr. Thomas opened the floor for comments at 1:02 p.m.

Ms. Thornton, representing Planned Parenthood, urged the Advisory Board to adopt the regulations previously drafted and approved by the Full Board.

Ms. Craft, representing NARAL, also encouraged the members to adopt the proposed regulations as drafted.

The floor closed at 1:08 p.m. ■

The Advisory Board on Genetic Counseling met on Monday, November 14, 2016, and was called to order at 1:09 p.m. at the Department of Health Professions, Perimeter Center, 9960 Mayland Drive, Henrico, Virginia.

MEMBERS PRESENT:

Matthew Thomas, ScM, CGC, Chair
Heather Creswick, MS, CGC, Vice-Chair
John Quillin, PhD, MPH, MS
Marilyn Foust, MD
Lori Swain

MEMBER ABSENT:

None

STAFF PRESENT:

William L. Harp, M.D., Executive Director
Jennifer Deschenes, Deputy Executive Director
Colanthia Morton Opher, Operations Manager
Denise Mason, Licensing Specialist
Elaine Yeatts, Senior Regulatory Analyst

GUESTS PRESENT:

Sara Thornton, Planned Parenthood Advocates of Virginia
Janice Craft, NARAL Pro-Choice Virginia

EMERGENCY EGRESS PROCEDURES

Mr. Thomas announced the Emergency Egress Instructions.

ROLL CALL

Roll was called and a quorum declared.

APPROVAL OF MINUTES OF DECEMBER 16, 2015

Dr. Foust moved to approve the minutes of December 16, 2015. The motion was seconded and carried unanimously.

ADOPTION OF AGENDA

Ms. Creswick moved to approve the agenda as presented. The motion was seconded and carried unanimously.

PUBLIC COMMENT ON AGENDA ITEMS

No other public comments were made.

NEW BUSINESS

1. Review and Approval of the Draft Regulations Governing the Practice of Genetic Counselors

Ms. Yeatts led the Advisory Board in a discussion regarding the proposed regulations stating that all the comments received are in support of the adoption of the current language by the Board of Medicine. Ms. Yeatts also addressed the comments received from those concerned about the now expired date for grandfathering of individuals without a Master's degree. Ms. Yeatts noted that this was a statutory issue and not a regulatory one, and that she has suggested those affected approach their legislators and request a change in the date for grandfathering.

After discussion, Dr. Foust moved to recommend adoption of the proposed regulations as written to the Executive Committee of the Board of Medicine at its December 2nd meeting. The motion was seconded and carried unanimously.

2. ELECTION OF OFFICERS

Dr. Foust moved to have Mr. Thomas and Ms. Creswick continue to serve as Char and Vice-Chair respectively. The motion was seconded and carried unanimously.

3. 2017 MEETING CALENDAR

The members unanimously agreed to the meeting dates set for the 2017 calendar. It is anticipated that the development of an application for licensure and associated forms will be on the agenda of the January 2017 meeting.

ANNOUNCEMENTS

There were no announcements.

NEXT MEETING DATE

January 30, 2017

ADJOURNMENT

The Advisory Board meeting was adjourned at 1:39 p.m.

Matthew Thomas, Chair

William L. Harp, M.D., Executive Director

Denise Mason, Licensing Specialist

Commonwealth of Virginia



REGULATIONS

GOVERNING THE PRACTICE OF GENETIC COUNSELORS

VIRGINIA BOARD OF MEDICINE

Title of Regulations: 18 VAC 85-170-10 et seq.

**Statutory Authority: § 54.1-2400 and Chapter 29
of Title 54.1 of the *Code of Virginia***

Effective Date: June 14, 2017

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

(804) 367-4600 (TEL)
(804) 527-4426 (FAX)
email: medbd@dhp.virginia.gov

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Part I. General Provisions.

18VAC85-170-10. Definitions.

A. The following words and terms when used in this chapter shall have the meanings ascribed to them in § 54.1-2900 of the Code of Virginia:

"Board"

"Genetic counselor"

"Practice of genetic counseling"

B. The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"ABGC" means the American Board of Genetic Counseling.

"ABMG" means the American Board of Medical Genetics.

"Active practice" means a minimum of 160 hours of professional practice as a genetic counselor within the 24-month period immediately preceding application for reinstatement or reactivation of licensure. The active practice of genetic counseling may include supervisory, administrative, educational, or consultative activities or responsibilities for the delivery of such services.

"Conscience clause" means the provision of § 54.1-2957.21 of the Code of Virginia.

"NSGC" means the National Society of Genetic Counselors.

18VAC85-170-20. Public participation guidelines.

A separate board regulation, 18VAC85-10-10 et seq., provides for involvement of the public in the development of all regulations of the Virginia Board of Medicine.

18VAC85-170-30. Current name and address.

Each licensee shall furnish the board his current name and address of record. All notices required by law or by this chapter to be given by the board to any such licensee shall be validly given when mailed to the latest address of record provided or served to the licensee. Any change of name or change in the address of record or public address, if different from the address of record, shall be furnished to the board within 30 days of such change.

18VAC85-170-40. Fees.

The following fees are required:

1. The application fee for licensure, payable at the time the application is filed, shall be \$130.

2. The application fee for a temporary license, payable at the time the application is filed, shall be \$50.
3. The biennial fee for renewal of active licensure shall be \$135 and for renewal of inactive licensure shall be \$70, payable in each odd-numbered year in the license holder's birth month.
4. The additional fee for late renewal of licensure within one renewal cycle shall be \$50.
5. The fee for reinstatement of a license that has lapsed for a period of two years or more shall be \$180 and shall be submitted with an application for licensure reinstatement.
6. The fee for reinstatement of a license pursuant to § 54.1-2408.2 of the Code of Virginia shall be \$2,000.
7. The fee for a duplicate license shall be \$5, and the fee for a duplicate wall certificate shall be \$15.
8. The fee for a returned check shall be \$35.
9. The fee for a letter of good standing or letter of verification to another jurisdiction shall be \$10.

Part II. Requirements for Licensure as a Genetic Counselor.

18VAC85-170-50. Application requirements.

An applicant for licensure shall submit the following on forms provided by the board:

1. A completed application and a fee as prescribed in 18VAC85-170-40.
2. Verification of a professional credential in genetic counseling as required in 18VAC85-170-60.
3. Verification of practice as required on the application form.
4. If licensed or certified in any other jurisdiction, documentation of any disciplinary action taken or pending in that jurisdiction.

18VAC85-170-60. Licensure requirements.

A. An applicant for a license to practice as a genetic counselor shall provide documentation of (i) a master's degree from a genetic counseling training program that is accredited by the Accreditation Council of Genetic Counseling and (ii) a current, valid certificate issued by the ABGC or ABMG to practice genetic counseling.

B. Pursuant to § 54.1-2957.19 D of the Code of Virginia, applicants for licensure who do not meet the requirements of subsection A of this section may be issued a license provided they (i) apply for licensure before July 1, 2016; (ii) comply with the board's regulations relating to the NSGC Code of Ethics; (iii) have at least 20 years of documented work experience practicing genetic counseling; (iv) submit two letters of recommendation, one from a genetic counselor and another from a

physician; and (v) have completed, within the last five years, 25 hours of continuing education approved by the NSGC or the ABGC. For the purpose of this subsection, the board deems the provisions of Part IV (18VAC85-170-110 et seq.) of this chapter to be consistent with the NSGC Code of Ethics.

C. An applicant for a temporary license shall provide documentation of having been granted the active candidate status by the ABGC. Such license shall expire 12 months from issuance or upon expiration of active candidate status, whichever comes first.

Part III. Renewal and Reinstatement.

18VAC85-170-70. Renewal of license.

A. Every licensed genetic counselor who intends to maintain an active license shall biennially renew his license each odd-numbered year during his birth month and shall:

1. Submit the prescribed renewal fee; and
2. Attest to having met the continuing education requirements of 18VAC85-170-100.

B. The license of a genetic counselor that has not been renewed by the first day of the month following the month in which renewal is required is lapsed. Practice with a lapsed license may be grounds for disciplinary action. A license that is lapsed for two years or less may be renewed by payment of the renewal fee, a late fee as prescribed in 18VAC85-170-40, and attestation of compliance with continuing education requirements.

18VAC85-170-80. Inactive license.

A licensed genetic counselor who holds a current, unrestricted license in Virginia shall, upon a request at the time of renewal and submission of the required fee, be issued an inactive license. The holder of an inactive license shall not be entitled to perform any act requiring a license to practice genetic counseling in Virginia.

18VAC85-170-90. Reactivation or reinstatement.

A. To reactivate an inactive license or to reinstate a license that has been lapsed for more than two years, a genetic counselor shall submit evidence of competency to return to active practice to include one of the following:

1. Information on continued active practice in another jurisdiction during the period in which the license has been inactive or lapsed;
2. Attestation of meeting requirements for continuing education as specified in 18VAC85-170-100 for each biennium in which the license has been inactive or lapsed, not to exceed four years; or
3. Current certification by ABGC or ABMG.

B. To reactivate an inactive license, a genetic counselor shall pay a fee equal to the difference between the current renewal fee for inactive licensure and the renewal fee for active licensure.

C. To reinstate a license that has been lapsed for more than two years a genetic counselor shall file an application for reinstatement and pay the fee for reinstatement of his licensure as prescribed in 18VAC85-170-40. The board may specify additional requirements for reinstatement of a license so lapsed to include education, experience, or reexamination.

D. A genetic counselor whose licensure has been revoked by the board and who wishes to be reinstated shall make a new application to the board, fulfill additional requirements as specified in the order from the board, and make payment of the fee for reinstatement of his licensure as prescribed in 18VAC85-170-40 pursuant to § 54.1-2408.2 of the Code of Virginia.

E. The board reserves the right to deny a request for reactivation or reinstatement to any licensee who has been determined to have committed an act in violation of § 54.1-2915 of the Code of Virginia or any provisions of this chapter.

18VAC85-170-100. Continuing education requirements.

A. In order to renew an active license biennially, a licensee shall complete the Continued Competency Activity and Assessment Form that is provided by the board indicating completion of at least 50 contact hours of continuing learning activities as follows:

1. A minimum of 30 of the 50 hours shall be in Category 1 activities approved by the ABGC, the ABMG, or the NSGC and may include in-service training, self-study courses, continuing education courses, or professional workshops.

2. No more than 20 of the 50 hours may be Category 2 activities or professional activity credits, which may include consultation with another counselor or a physician, independent reading or research, authorship, clinical supervision, volunteer leadership in the profession, preparation for a presentation, or other such experiences that promote continued learning.

B. A licensee shall be exempt from the continuing education requirements for the first biennial renewal following the date of initial licensure in Virginia.

C. The licensee shall retain in his records the completed form with all supporting documentation for a period of four years following the renewal of an active license.

D. The board shall periodically conduct a random audit of its active licensees to determine compliance. The licensees selected for the audit shall provide all supporting documentation within 30 days of receiving notification of the audit.

E. Failure to comply with these requirements may subject the licensee to disciplinary action by the board.

F. The board may grant an extension of the deadline for continuing competency requirements, for up to one year, for good cause shown upon a written request from the licensee prior to the renewal date.

G. The board may grant an exemption for all or part of the requirements for circumstances beyond the control of the licensee, such as temporary disability, mandatory military service, or officially declared disasters.

Part IV. Scope of Practice.

18VAC85-170-110. General responsibility.

A genetic counselor shall engage in the practice of genetic counseling, as defined in § 54.1-2900 of the Code of Virginia. The practice of genetic counseling may include supervisory, administrative, educational, or consultative activities or responsibilities for the delivery of such services.

18VAC85-170-120. Supervisory responsibilities.

A. A genetic counselor shall be responsible for supervision of unlicensed personnel who work under his direction and ultimately responsible and accountable for patient care and outcomes under his clinical supervision.

B. Delegation to unlicensed personnel shall:

1. Not include delegation of the discretionary aspects of the initial assessment, evaluation, or development of recommendations for a patient, or any task requiring a clinical decision or the knowledge, skills, and judgment of a licensed genetic counselor;
2. Only be made if, in the judgment of the genetic counselor, the task or procedures do not require the exercise of professional judgment and can be properly and safely performed by appropriately trained unlicensed personnel, and the delegation does not jeopardize the health or safety of the patient; and
3. Be communicated on a patient-specific basis with clear, specific instructions for performance of activities, potential complications, and expected results.

18VAC85-170-125. Responsibilities of a temporary licensee.

A. A person holding a temporary license as a genetic counselor shall practice under the clinical supervision of a genetic counselor or a physician licensed in the Commonwealth.

B. Clinical supervision shall require that:

1. The supervisor and temporary licensee routinely meet to review and evaluate patient care and treatment; and
2. The supervisor reviews notes on patient care entered by the temporary licensee prior to reporting study results and making recommendations to a patient. Such review shall be documented by some method in a patient record.

Part V. Standards of Professional Conduct.

18VAC85-170-130. Confidentiality.

A practitioner shall not willfully or negligently breach the confidentiality between a practitioner and a patient. A breach of confidentiality that is required or permitted by applicable law or beyond the control of the practitioner shall not be considered negligent or willful.

18VAC85-170-140. Patient records.

A. Practitioners shall comply with the provisions of § 32.1-127.1:03 of the Code of Virginia related to the confidentiality and disclosure of patient records.

B. Practitioners shall provide patient records to another practitioner or to the patient or his personal representative in a timely manner in accordance with provisions of § 32.1-127.1:03 of the Code of Virginia.

C. Practitioners shall properly manage and keep timely, accurate, legible, and complete patient records.

D. Practitioners who are employed by a health care institution or other entity in which the individual practitioner does not own or maintain his own records shall maintain patient records in accordance with the policies and procedures of the employing entity.

E. Practitioners who are self-employed or employed by an entity in which the individual practitioner owns and is responsible for patient records shall:

1. Maintain a patient record for a minimum of six years following the last patient encounter with the following exceptions:

a. Records of a minor child shall be maintained until the child reaches the age of 18 years or becomes emancipated, with a minimum time for record retention of six years from the last patient encounter regardless of the age of the child;

b. Records that have previously been transferred to another practitioner or health care provider or provided to the patient or his personal representative; or

c. Records that are required by contractual obligation or federal law may need to be maintained for a longer period of time.

2. Post information or in some manner inform all patients concerning the timeframe for record retention and destruction. Patient records shall only be destroyed in a manner that protects patient confidentiality, such as by incineration or shredding.

3. When closing, selling, or relocating his practice, meet the requirements of § 54.1-2405 of the Code of Virginia for giving notice that copies of records can be sent to any like-regulated provider of the patient's choice or provided to the patient.

18VAC85-170-150. Practitioner-patient communication; conscience clause; termination of relationship.

A. Communication with patients.

1. Except as provided in § 32.1-127.1:03 F of the Code of Virginia, a practitioner shall accurately present information to a patient or his legally authorized representative in understandable terms and encourage participation in decisions regarding the patient's care.
2. A practitioner shall not deliberately withhold pertinent findings or information or make a false or misleading statement regarding the practitioner's skill or the efficacy or value of a medication, treatment, or procedure provided or directed by the practitioner in the treatment of any disease or condition.
3. When a genetic procedure is recommended, informed consent shall be obtained from the patient in accordance with the policies of the health care entity. Practitioners shall inform patients of the risks, benefits, and alternatives of the recommended procedure that a reasonably prudent practitioner practicing genetic counseling in Virginia would tell a patient.
 - a. In the instance of a minor or a patient who is incapable of making an informed decision on his own behalf or is incapable of communicating such a decision due to a physical or mental disorder, the legally authorized person available to give consent shall be informed and the consent documented.
 - b. An exception to the requirement for consent prior to performance of a genetic procedure may be made in an emergency situation when a delay in obtaining consent would likely result in imminent harm to the patient.
 - c. For the purposes of this provision, "genetic procedure" means any diagnostic or therapeutic procedure performed on a patient that is not part of routine, general care and for which the usual practice within the health care entity is to document specific informed consent from the patient or surrogate decisionmaker prior to proceeding.
4. Practitioners shall adhere to requirements of § 32.1-162.18 of the Code of Virginia for obtaining informed consent from patients prior to involving them as subjects in human research with the exception of retrospective chart reviews.

B. Exercise of the conscience clause.

1. Notwithstanding provisions of subsection A of this section, a practitioner may exercise the conscience clause pursuant to requirements of § 54.1-2957.21 of the Code of Virginia. If a genetic counselor has deeply held moral or religious beliefs that may prevent him from participating in genetic counseling, he shall immediately inform a prospective patient with specificity about any associated limitations on counseling resulting therefrom, prior to the initiation of the patient-practitioner relationship and shall:

- a. Offer to refer the patient to another licensed health care practitioner with a relevant scope of practice and direct the patient to the online directory of licensed genetic counselors maintained by the board;
- b. Immediately notify any referring practitioner, if known, of this refusal to participate in genetic counseling for the patient; and
- c. Alert the patient and the referring practitioner if the referral is time sensitive.

2. If, during the course of patient care, the genetic counselor encounters a situation in which his deeply held moral or religious beliefs would prevent him from participating in counseling, he shall immediately inform the patient with specificity about any associated limitations on counseling and shall:

- a. Document the communication of such information in the patient record;
- b. Offer to refer the patient to another licensed health care practitioner with a relevant scope of practice and direct the patient to the online directory of licensed genetic counselors;
- c. Immediately notify any referring practitioner, if known, of such refusal and referral of the patient; and
- d. Alert the patient and the referring practitioner if the referral is time sensitive.

C. Termination of the practitioner-patient relationship.

1. The practitioner or the patient may terminate the relationship. In either case, the practitioner shall make the patient record available, except in situations where denial of access is allowed by law.
2. A practitioner shall not terminate the relationship or make his services unavailable without documented notice to the patient that allows for a reasonable time to obtain the services of another practitioner.

18VAC85-170-160. Practitioner responsibility.

A. A practitioner shall not:

1. Perform procedures or techniques that are outside the scope of his practice or for which he is not trained and individually competent;
2. Knowingly allow subordinates to jeopardize patient safety or provide patient care outside of the subordinate's scope of practice or area of responsibility. Practitioners shall delegate patient care only to subordinates who are properly trained and supervised;
3. Engage in an egregious pattern of disruptive behavior or interaction in a health care setting that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered to a patient; or

4. Exploit the practitioner-patient relationship for personal gain.

B. Advocating for patient safety or improvement in patient care within a health care entity shall not constitute disruptive behavior provided the practitioner does not engage in behavior prohibited in subdivision A 3 of this section.

18VAC85-170-170. Solicitation or remuneration in exchange for referral.

A practitioner shall not knowingly and willfully solicit or receive any remuneration, directly or indirectly, in return for referring an individual to a facility as defined in § 37.2-100 of the Code of Virginia or hospital as defined in § 32.1-123 of the Code of Virginia.

"Remuneration" means compensation, received in cash or in kind, but shall not include any payments, business arrangements, or payment practices allowed by 42 USC § 1320a-7b(b), as amended, or any regulations promulgated thereto.

18VAC85-170-180. Sexual contact.

A. For purposes of § 54.1-2915 A 12 and A 19 of the Code of Virginia and this section, sexual contact includes sexual behavior or verbal or physical behavior that:

1. May reasonably be interpreted as intended for the sexual arousal or gratification of the practitioner, the patient, or both; or
2. May reasonably be interpreted as romantic involvement with a patient regardless of whether such involvement occurs in the professional setting or outside of it.

B. Sexual contact with a patient.

1. The determination of when a person is a patient for purposes of § 54.1-2915 A 19 of the Code of Virginia is made on a case-by-case basis with consideration given to the nature, extent, and context of the professional relationship between the practitioner and the person. The fact that a person is not actively receiving treatment or professional services from a practitioner is not determinative of this issue. A person is presumed to remain a patient until the practitioner-patient relationship is terminated.

2. The consent to, initiation of, or participation in sexual behavior or involvement with a practitioner by a patient neither changes the nature of the conduct nor negates the statutory prohibition.

C. Sexual contact between a practitioner and a former patient after termination of the practitioner-patient relationship may still constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence of emotions derived from the professional relationship.

D. Sexual contact between a practitioner and a key third party shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on

patient care. For purposes of this section, key third party of a patient means spouse or partner, parent or child, guardian, or legal representative of the patient.

E. Sexual contact between a supervisor and a trainee shall constitute unprofessional conduct if the sexual contact is a result of the exploitation of trust, knowledge, or influence derived from the professional relationship or if the contact has had or is likely to have an adverse effect on patient care.

18VAC85-170-190. Refusal to provide information.

A practitioner shall not willfully refuse to provide information or records as requested or required by the board or its representative pursuant to an investigation or to the enforcement of a statute or regulation.

THIS IS NOT THE APPLICATION FOR A TEMPORARY LICENSE TO PRACTICE GENETIC COUNSELING
INSTRUCTIONS FOR COMPLETING AN APPLICATION TO PRACTICE GENETIC COUNSELING IN VIRGINIA
(This form has been designed to be used as a checklist when preparing to submit your application.)

APPLICATION FEES ARE NONREFUNDABLE

BEFORE YOU PROCEED, READ THE FOLLOWING POINTS CAREFULLY!

You should familiarize yourself with the qualifications required for a license by reviewing the laws and regulations governing the practice of genetic counseling in Virginia. They can be found at:

http://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm

The Board works as efficiently as possible to process applications. The time from filing an application with the Board until the issuance of a license is dependent upon entities over which the Board has no control. It is the applicant's responsibility to ensure that outside entities send the necessary documentation to the Board. You should not expect the process to take less than 2-3 months, so plan accordingly if you are pursuing a practice position in Virginia.

The Board provides an electronic checklist for your convenience in tracking your application. You should allow approximately 15 days for your application checklist to be first updated on the Board's website. Supporting documentation will be added to your checklist as it is received. Processing of documents may take up to 10 business days after they are received. If you find your checklist does not exist or does not indicate necessary documents have been received, e-mail the Board at medbd@dhp.virginia.gov with "Genetic Counselor Application Question" in the subject line. E-mails will be answered within 2 business days.

Your application checklist may be viewed by logging into your application and clicking on the "View Checklist" link located in the Pending Licenses section. This link will not be visible for applicants who have not yet paid the application fee. If you have submitted your application and required fee online, but no longer see your checklist listed in the Pending Licensing section, your license may have been issued by the Board. Please visit <https://www.license.dhp.virginia.gov/license/> and use your current User ID and Password to login and view your newly issued license. If you need technical assistance with your checklist, contact the agency's helpdesk at 804-367-4444. The helpdesk cannot provide assistance regarding information about your documents.

Supporting documentation sent to the Board when there is no application on file will be purged after six months.

NB: Virginia law considers material misrepresentation of fact in an application for licensure to be a Class 1 misdemeanor. Misrepresentation may be by commission or omission. Be sure of your facts and provide full responses to the Board's questions.

PROCEEDING TO THE APPLICATION SIGNIFIES THAT YOU HAVE READ AND ACCEPT THE FOREGOING PRINCIPLES REGARDING THE BOARD'S PROCESSES.

You have selected to begin an initial application to practice as a Genetic Counselor. If this license type is incorrect, please contact us at (804) 367-4444 for assistance.

Application requirements:

1. Complete the online application: <https://www.license.dhp.virginia.gov/apply/> which includes paying the nonrefundable application fee of \$130.00. Application fees may only be paid using Visa, MasterCard or Discover.

2. An applicant for a license to practice as a genetic counselor shall provide original source documentation (not a copy) of the following:

Transcripts documenting completion of a Master's Degree from a genetic counseling training program that is accredited by the Accreditation Council of Genetic Counseling.

Transcripts must be official and bear the school seal. Transcripts will only be accepted if they come directly from the school to the Board or if sent to the Board by the applicant in the same unopened envelope in which they were received.

3 A notarized copy of a current, valid certificate issued by the ABGC or ABMG to practice genetic counseling.

4 *Verification of Practice:* A completed Form B Activity Questionnaire or a letter of recommendation must be received from all locations of service, professional employment, observerships, professional research positions or professional volunteer service listed for the past 5 years. **The Board must receive a completed form B from each location where you provided services as a genetic counselor for the past 5 years. Form B Activity Questionnaires may be completed by another genetic counselor or a physician who is familiar with your practice.**

Form B's sent to the Virginia Board of Medicine by the applicant will not be accepted.

If you are a new graduate with no professional practice experience you will have no Form B's to provide.

4. **License Verification:** Verification of genetic counselor licenses or certificates to practice from all jurisdictions within the United States, its territories and possessions or Canada in which you have been issued a license, certification or registration must be received by the Board and must verify whether or not disciplinary action has been taken or is pending in that jurisdiction. **Please contact the applicable jurisdiction where you have been issued a license to practice genetic counseling to inquire about having documentation forwarded to the Virginia Board of Medicine.** Verification must come from the jurisdiction and may be sent by email to medbd@dhp.virginia.gov, faxed to (804) 527-4426 or mailed.

If you do not hold licensure in any other state or jurisdiction, you will have no license verification to provide.

Please note:

- ▶ Applications not completed within 12 months may be purged without notice from the Board.
- ▶ Additional information not already listed may be requested at any time during the process.
- ▶ Application fees are non-refundable.
- ▶ The Board's mailing address is **The Virginia Board of Medicine
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233**
- ▶ Email inquiries are normally responded to within 2 business days. Send your email inquiries to medbd@dhp.virginia.gov.
- ▶ Submission of an application does not guarantee a license. A review of your application could result in the finding that you may not be eligible pursuant to Virginia laws and regulations.

INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR A TEMPORARY LICENSE PRACTICE GENETIC COUNSELING IN VIRGINIA

(This form has been designed to be used as a checklist when preparing to submit your application.)

APPLICATION FEES ARE NONREFUNDABLE

BEFORE YOU PROCEED, READ THE FOLLOWING POINTS CAREFULLY!

You should familiarize yourself with the qualifications required for a license by reviewing the laws and regulations governing the practice of genetic counseling in Virginia. They can be found at:

http://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm

The Board works as efficiently as possible to process applications. The time from filing an application with the Board until the issuance of a license is dependent upon entities over which the Board has no control. It is the applicant's responsibility to ensure that outside entities send the necessary documentation to the Board.

The Board provides an electronic checklist for your convenience in tracking your application. You should allow approximately 15 days for your application checklist to be first updated on the Board's website. Supporting documentation will be added to your checklist as it is received. Processing of documents may take up to 10 business days after they are received. If you find your checklist does not exist or does not indicate necessary documents have been received, e-mail the Board at medbd@dhp.virginia.gov with "Genetic Counselor Application Question" in the subject line. E-mails will be answered within 2 business days.

Your application checklist may be viewed by logging into your application and clicking on the "View Checklist" link located in the Pending Licenses section. This link will not be visible for applicants who have not yet paid the application fee. If you have submitted your application and required fee online, but no longer see your checklist listed in the Pending Licensing section, your license may have been issued by the Board. Please visit <https://www.license.dhp.virginia.gov/license/> and use your current User ID and Password to login and view your newly issued license. If you need technical assistance with your checklist, contact the agency's helpdesk at 804-367-4444. The helpdesk cannot provide assistance regarding information about your documents.

Supporting documentation sent to the Board when there is no application on file will be purged after six months.

NB: Virginia law considers material misrepresentation of fact in an application for licensure to be a Class 1 misdemeanor. Misrepresentation may be by commission or omission. Be sure of your facts and provide full responses to the Board's questions.

PROCEEDING TO THE APPLICATION SIGNIFIES THAT YOU HAVE READ AND ACCEPT THE FOREGOING PRINCIPLES REGARDING THE BOARD'S PROCESSES.

You have selected to begin an initial application to practice as a Genetic Counselor. If this license type is incorrect, please contact us at (804) 367-4444 for assistance.

Application requirements:

1. Complete the online application: <https://www.license.dhp.virginia.gov/apply/> which includes paying the nonrefundable application fee of \$50.00. Application fees may only be paid using Visa, MasterCard or Discover.

2. An applicant for a temporary license to practice as a genetic counselor shall provide a notarized copy of documentation of having been granted the Active Candidate Status by the ABGC. This documentation must be sent with the original notary stamp and signature. If using overnight mail, the Board recommends using an overnight service other than USPS.

Temporary licenses shall expire 12 months from issuance or upon expiration of Active Candidate Status, whichever comes first.

Upon expiration of the Temporary license, in order to obtain full licensure, you must apply for a full license with all required fees and documentation.

Please note:

- ▶ Applications not completed within 12 months may be purged without notice from the Board.
- ▶ Additional information not already listed may be requested at any time during the process.
- ▶ Application fees are non-refundable.
- ▶ The Board's mailing address is **The Virginia Board of Medicine
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233**
- ▶ Email inquiries are normally responded to within 2 business days. Send your email inquiries to **medbd@dhp.virginia.gov**.
- ▶ Submission of an application does not guarantee a license. A review of your application could result in the finding that you may not be eligible pursuant to Virginia laws and regulations.

PLEASE CHECK APPROPRIATE PROFESSION

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Acupuncturist | <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> BCaBA | <input type="checkbox"/> BCBA |
| <input type="checkbox"/> Genetic Counselor | <input type="checkbox"/> Midwife | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Occupational Therapist Assistant |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Polysomnographer | <input type="checkbox"/> Radiologic Technologist | <input type="checkbox"/> Radiologic Technologist - LIMITED |
| <input type="checkbox"/> Radiologist Assistant | <input type="checkbox"/> Respiratory Therapist | | |

	Virginia Department of Health Professions Board of Medicine 9960 Mayland Drive, Suite 300 Henrico, Virginia 23233-1463	Phone: (804) 367-4600 Fax: (804) 527-4426 Email: medbd@dhp.virginia.gov
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Please provide name and address of organization/individual exactly as it appears on your application chronology

Clearly print/type name of applicant _____

Last 4 of Social Security Number: _____

The Virginia Board of Medicine, in its consideration of an applicant for licensure, depends on information from persons and institutions regarding the applicant's employment, training, affiliations, and staff privileges. Please complete this form to the best of your ability and return it to the Board by mail, fax or email so the information you provide can be given consideration in the processing of his/her application in a timely manner. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past, and present) and governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Virginia Board of Medicine any information, files or records requested by the Board in connection with the processing of my application.

Signature of Applicant _____

1. Date and type of service: This individual served with us as _____
 from _____ to _____
 (Month/Year) (Month/Year)

2. Please evaluate: (Indicate with check mark)

	Poor	Fair	Good	Superior
Professional knowledge				
Clinical judgment				
Relationship with patients				
Ethical/professional conduct				
Interest in work				
Ability to communicate				

3. Recommendation: (please indicate with check mark)

- Recommend highly and without reservation Recommend as qualified and competent
 Recommend with some reservation (explain) _____
 Do not recommend (explain) _____

4. Of particular value to us in evaluating any applicant are any notable strengths and weaknesses (including personal demeanor). We would appreciate such comments from you. _____

5. The above report is based on: (please indicate with check mark)

- Close personal observation General impression A composite of evaluations
 Other: _____

Date (Required): _____

Signed by: _____

Signator Contact Number: (_____) _____

Print or type name: _____

Title: _____

(This report will become a part of the applicant's file and may be reviewed by the applicant upon request.)

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1

VIRGINIA BOARD OF MEDICINE CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM

The Law

In 1997, the General Assembly of Virginia passed a law (§ 54.1-2912.1) to ensure the continued competency of practitioners licensed by the Board of Medicine. It directed the Board to include in its regulations continuing education, testing, and/or any other requirement which would address the following: a) the need to promote ethical practice, b) an appropriate standard of care, c) patient safety, d) application of new medical technology, e) appropriate communication with patients and f) knowledge of the changing health care system.

Rationale for the Regulation

The Virginia Board of Medicine recognizes that the professional responsibility of practitioners requires *continuous learning* throughout their careers, appropriate to the individual practitioner's needs. The Board also recognizes that practitioners are responsible for choosing their own continuing education and for evaluating their own learning achievement. *The regulation of the Board is designed to encourage and foster self-directed practitioner participation in education.*

What is "Continuing Learning"? - Continuing learning includes processes whereby practitioners engage in activities with the conscious intention of bringing about changes in attitudes, skills, or knowledge, for the purpose of identifying or solving ethical, professional, community or other problems which affect the health of the public.

Content of the Regulation

Number of Hours Required:

In order to renew an active license biennially, a licensee shall complete the Continued Competency Activity and Assessment Form that is provided by the board indicating completion of at least **50 contact hours** of continuing learning activities as follows:

1. A minimum of 30 of the 50 hours shall be in Category 1 activities approved by the ABGC, the ABMG or the NSGC and may include in-service training, self-study courses, continuing education courses, or professional workshops.
2. No more than 20 of the 50 hours may be Category 2 activities or professional activity credits, which may include consultation with another counselor or a physician, independent reading or research, authorship, clinical supervision, volunteer leadership in the profession, preparation for a presentation or other such experiences that promote continued learning.

Maintenance and audit of records:

The CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM must be used for planning and recording continuing learning activities. The practitioner is required to retain in his or her records the **completed form with all supporting documentation** for a **period of six years** following the renewal of an active license.

The Board will periodically conduct a **random audit** of one to two percent of its active licensees to determine compliance. The practitioners selected for the audit must provide the completed CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM and any supporting documentation within 30 days of receiving notification of the audit.

**Instructions for Completing
The CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM**

PART A: ACTIVITY

Learning Activity, Resources, Strategies & Experiences - List resources, strategies & experiences that you used to develop or maintain the selected knowledge or skill listed in Part B; e.g., conferences, continuing education courses, specialty certification, in-service workshops, consultations, discussions with colleagues, self-study courses, research in preparation for teaching, reading peer reviewed journals and textbooks, and self instructional media.

Date(s) of Activities - List the date(s) that you were engaged in the learning activity.

PART B: ASSESSMENT

Knowledge or Skills Maintained or Developed - Think about questions or problems encountered in your practice. Describe the knowledge or skills you addressed during the learning activity listed in Part A. Consider ethics, standards of care, patient safety, new medical technology, communication with patients, the changing health care system, and other topics influencing your practice.

HOURS/TYPE

Hours Actually Spent in Learning Activity: List the hours actually spent in the learning activity to nearest ½ hour. Total hours should be at least 50 hours biennially. (1 semester hour = 15 contact hours, 1CEU = 10 contact hours)

Types of Activities: List the type of activity from the categories described below:

Type 1 continuing learning activities

30 hours required biennially

Must be offered by a sponsor or organization which is recognized by the profession and which provides documentation of hours to the practitioner. May include formal course work, in-service training, continuing education classes, or specialty certification.

Type 2 continuing learning activities

No more than 20 hours biennially

May or may not be approved by a sponsor or organization but shall be activities considered by the learner to be beneficial to practice or to continuing learning; occupational therapists document their own participation on the attached form. Type 2 activities may include independent reading or research, consultation with another therapist, preparation for a presentation, or self-study through multi-media.

PART C: OUTCOME

Outcome - Indicate whether you will: a) make a change in your practice, b) not make a change in your practice, and/or c) need additional information on this topic. (*You may include personal notes regarding the outcome of participating in this activity, e.g., learning activities you plan for the future, questions you need to answer or barriers to change.*)

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CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM

Please photocopy this original form to record your learning activities.

The completed forms and all documentation must be maintained for a period of four years.

PART A: ACTIVITY	Date	PART B: ASSESSMENT		# OF HOURS/TYPE		PART C: OUTCOME
		Knowledge or Skills You Maintained or Developed. What questions or problems encountered in your practice were addressed by this learning activity?	Type 1 (30 hours) Sponsored by a professional organization	Type 2 (no more than 20 hours) Learner approved		
Learning Activity, Resources, Strategies & Experiences; e.g. conferences, consultations, self-study courses, peer-reviewed journals, continuing education courses, specialty certification.						Outcome: Indicate whether you will: a) make a change in your practice, b) not make a change in your practice, and/or c) need additional information on this topic.

CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM: SUMMARY AND VERIFICATION
This page should be completed at the end of your two year renewal cycle and inserted as the final page of your CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM.

Record at least 50 contact hours of continuing learning activities you completed during the preceding two-year period of professional license. Recorded hours should indicate 30 hours of Type 1 activities offered by a sponsor or organization recognized by the profession to designate learning activities for credit or other value. The other 20 hours may be Type 2 educational activities you consider to be beneficial to your career development that may or may not be approved for credit by a sponsor or organization recognized by the profession. The CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM and all documentation should be maintained in your records for four years.

As you consider your completed CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM, please reflect upon your career and in the space below identify problems or questions you expect to address during the next biennial period of medical license renewal:

As required by law and regulation, I certify that I have completed the CONTINUED COMPETENCY ACTIVITY AND ASSESSMENT FORM and have participated in 50 hours of continuing education or learning activities as required for renewal of occupational therapy licensure in the Commonwealth of Virginia.

Signature

00021

Date

04/17

INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR AN ACTIVE CANDIDATE LICENSE PRACTICE GENETIC COUNSELING IN VIRGINIA

(This form has been designed to be used as a checklist when preparing to submit your application.)

APPLICATION FEES ARE NONREFUNDABLE

BEFORE YOU PROCEED, READ THE FOLLOWING POINTS CAREFULLY!

You should familiarize yourself with the qualifications required for a license by reviewing the laws and regulations governing the practice of genetic counseling in Virginia. They can be found at:

http://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm

The Board works as efficiently as possible to process applications. The time from filing an application with the Board until the issuance of a license is dependent upon entities over which the Board has no control. It is the applicant's responsibility to ensure that outside entities send the necessary documentation to the Board.

The Board provides an electronic checklist for your convenience in tracking your application. You should allow approximately 15 days for your application checklist to be first updated on the Board's website. Supporting documentation will be added to your checklist as it is received. Processing of documents may take up to 10 business days after they are received. If you find your checklist does not exist or does not indicate necessary documents have been received, e-mail the Board at medbd@dhp.virginia.gov with "Genetic Counselor Application Question" in the subject line. E-mails will be answered within 2 business days.

Your application checklist may be viewed by logging into your application and clicking on the "View Checklist" link located in the Pending Licenses section. This link will not be visible for applicants who have not yet paid the application fee. If you have submitted your application and required fee online, but no longer see your checklist listed in the Pending Licensing section, your license may have been issued by the Board. Please visit <https://www.license.dhp.virginia.gov/license/> and use your current User ID and Password to login and view your newly issued license. If you need technical assistance with your checklist, contact the agency's helpdesk at 804-367-4444. The helpdesk cannot provide assistance regarding information about your documents.

Supporting documentation sent to the Board when there is no application on file will be purged after six months.

NB: Virginia law considers material misrepresentation of fact in an application for licensure to be a Class 1 misdemeanor. Misrepresentation may be by commission or omission. Be sure of your facts and provide full responses to the Board's questions.

PROCEEDING TO THE APPLICATION SIGNIFIES THAT YOU HAVE READ AND ACCEPT THE FOREGOING PRINCIPLES REGARDING THE BOARD'S PROCESSES.

You have selected to begin an initial application to practice as a Genetic Counselor. If this license type is incorrect, please contact us at (804) 367-4444 for assistance.

Application requirements:

1. Complete the online application: <https://www.license.dhp.virginia.gov/apply/> which includes paying the nonrefundable application fee of \$50.00. Application fees may only be paid using Visa, MasterCard or Discover.

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2. An applicant for a temporary license to practice as a genetic counselor shall provide a notarized copy of documentation of having been granted the Active Candidate Status by the ABGC. This documentation must be sent with the original notary stamp and signature. If using overnight mail, the Board recommends using an overnight service other than USPS.

Temporary licenses shall expire 12 months from issuance or upon expiration of Active Candidate Status, whichever comes first.

Upon expiration of the Temporary license, in order to obtain full licensure, you must apply for a full license with all required fees and documentation.

Please note:

- ▶ Applications not completed within 12 months may be purged without notice from the Board.
- ▶ Additional information not already listed may be requested at any time during the process.
- ▶ Application fees are non-refundable.
- ▶ The Board's mailing address is **The Virginia Board of Medicine
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233**
- ▶ Email inquiries are normally responded to within 2 business days. Send your email inquiries to medbd@dhp.virginia.gov.
- ▶ Submission of an application does not guarantee a license. A review of your application could result in the finding that you may not be eligible pursuant to Virginia laws and regulations.



Application

You have selected to begin an initial application to practice as a Genetic Counselor by Application. If this license type is incorrect, please contact us at (804) 367-4444 for assistance.

In addition to completing this online process applicants may be required to complete additional steps, [CLICK HERE](#) for the full instructions. You will be given another opportunity at the conclusion of the application process to download this forms and instructions.

Instructions for All Applicants:

You will need to complete each of the steps listed on the Initial Application Menu on the left. To begin, please click the Start button below.

Please use the Next and Back buttons at the bottom of each step to navigate through the initial application process. You may click the "Save and finish later" button at any time during the application process. This will allow you to log out of the application, then log back in at a later time without losing any of the information that you have provided.

After completing all of the items in the Initial Application Menu, you will be directed to a brief Workforce Survey, then you will be able to submit your payment.

Your application will not be forwarded to the Board of Medicine until you have submitted your payment. The Board must then receive all required information relative to your application. Once all information has been received, review will be done in 30 days or less. This entire process usually takes 6-8 weeks if there are no extraordinary aspects to your application. The Board may ask for further information to explain extraordinary aspects, which will lengthen the process.

Start

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Application

Demographics

INSTRUCTIONS:

This is the most current information we have on file for you. Please modify any incorrect information that is displayed.

Required fields are denoted with an asterisk (*).

Personal Information

SSN/Virginia DMV #

ex. 123456789:

Date of Birth (mm/dd/yyyy):

Maiden Name (if applicable):

Published Address Information

This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.

Is your current address within the United States?

*

Address Line 1 (ex. 123 Fourth St.):

Address Line 2 (ex. Apt. 100):

Address Line 3:

Phone:

 (xxx-xxx-xxxx)

Email:

000023



Application

Address of Record

The address information you provide below is your address of record with the Board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be mailed to the address of record provided. This address is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose. Please modify any incorrect information for your mailing address. Required fields are denoted with an asterisk (*).

Is your current address within the United States?

Yes *

Address Line 1 (ex. 123 Fourth St.):

*

Address Line 2 (ex. Apt. 100):

Address Line 3:

City:

*

State:

*

Zip Code (ex. 02705 or 027051234):

*

Daytime Phone:

*(xxx-xxx-xxxx)

Other Phone:

(xxx-xxx-xxxx)

Email:

*

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Application

Education

I hereby certify that I studied genetic counseling and received a master's degree from genetic counseling training program that is accredited by the Accreditation Council of Genetic Counseling.

School Name:

*

Date Graduated (mm/dd/yyyy):

*

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Application

Employment Activity---

List in chronological order all professional practices since graduation. Do not leave anything out, be sure to include absences from work. Also list all periods of non-professional activity or employment. PLEASE ACCOUNT FOR ALL TIME. If engaged in private practice, list all hospital or other professional affiliations. A completed **(Form B)** (.PDF file) must be received for all locations where professional service was provided for the last five years. Note: This documentation may be faxed to 804-527-4426.

Have you been employed during the last five years?

 *

Beginning Date (mm/dd/yyyy) :

 *

End Date (mm/dd/yyyy) :

 *

Employer Name:

 *

Location:

 *

Position Held:

 *

To add this record click "**Add**".
 To edit a record, select the record, make the desired changes and click "**Save**".
 To delete a record, select the record and click "**Delete**".
 To clear the form, click "**Clear**".

Begin Date	End Date	Employment Activity	Location	Position Held
No data available				

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Virginia DHP
Initial Applications

Application

Licensure History

Please enter the jurisdiction, number and status (Active, Inactive, Expired, Suspended or Revoked) of each license. Verification from all jurisdictions in which you have been issued a full license must be received by the Board. Please contact the applicable jurisdictions to inquire about processing fees.

Have you ever been issued a full license to practice as a Genetic Counselor in any jurisdiction?

Yes v *

Jurisdiction:

Number Issued:

Status:

To add this record click "Add".
To edit a record, select the record, make the desired changes and click "Save".
To delete a record, select the record and click "Delete".
To clear the form, click "Clear".

Jurisdiction	Licensure History Number Issued	Status
No data available		

000032



Application
Examination Information

Do you certify that you hold current ABGC or ABMG certification?

Yes ▼*

Certificate #:

_____*

Issue Date:

000033



Application
Licensure Questions

Any supporting documentation related to the questions below should be submitted to the Virginia Board of Medicine at:
Virginia Board of Medicine
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
Fax – (804) 527-4426
Email – medbd@dhp.virginia.gov

- 1. Have you ever been denied a certificate/license or the privilege of taking an examination for licensure or certification in another state as a Generic Counselor ? *

- 2. Have you ever been denied privileges or voluntarily surrendered your clinical privileges for any reason? *

- 3. Have you ever been placed on a corrective action plan, placed on probation or been dismissed or suspended or requested to withdraw from any professional school, training program, hospital, etc? *

- 4. Have you ever been terminated from employment or resigned in lieu of termination from any training program or professional employment? *

- 5. Have you ever been convicted of a violation of/or pled Nolo Contendere to any federal, state or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations, except convictions for driving under the influence.) *

- 6. Have you ever had any disciplinary actions taken against any or your professional license/certificate/permit/registration related to your professional practice, or are any actions pending or are you currently under investigation? *

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7. Have you ever had any membership in a state or local professional society revoked, suspended, or involuntarily withdrawn? *

8. Have you voluntarily withdrawn from any professional society while under investigation? *

9. Have you been treated by, consulted with, or been under care of a professional for substance abuse within the last two (2) years? *

10. Do you have a physical disease or diagnosis including a nervous, emotional or mental disorder that may affect your performance of professional duties? *

11. Have you been in a health practitioner's monitoring program within the last two years? *

12. Have you carefully read and do you understand the rules and regulations for a Generic Counselor adopted by the Virginia Board of Medicine? *

13. By entering your initials, you attest that you have carefully read and do you understand the rules and regulations for Generic Counselor adopted by the Virginia Board of Medicine, which are available on our [website](#): *

The following question is for statistical purposes only:

Do you intend to engage in the active practice as a Generic Counselor in the Commonwealth of Virginia? *

Military Spouse

Did you relocate with a spouse who is the subject of a military transfer to the Commonwealth of Virginia? *

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Application

Licensure Questions

Any supporting documentation related to the questions below should be submitted to the Virginia Board of Medicine at:

Virginia Board of Medicine
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
Fax – (804) 527-4426
Email – medbd@dhp.virginia.gov

1. Have you ever been denied a certificate/license or the privilege of taking an examination for licensure or certification in another state as a Generic Counselor ? *

2. Have you ever been denied privileges or voluntarily surrendered your clinical privileges for any reason? *

3. Have you ever been placed on a corrective action plan, placed on probation or been dismissed or suspended or requested to withdraw from any professional school, training program, hospital, etc? *

4. Have you ever been terminated from employment or resigned in lieu of termination from any training program or professional employment? *

5. Have you ever been convicted of a violation of/or pled Nolo Contendere to any federal, state or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations, except convictions for driving under the influence.) *

6. Have you ever had any disciplinary actions taken against any or your professional license/certificate/permit/registration related to your professional practice, or are any actions pending or are you currently under investigation? *

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7. Have you ever had any membership in a state or local professional society revoked, suspended, or involuntarily withdrawn? *

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The following question is for statistical purposes only:

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Military Spouse

Did you relocate with a spouse who is the subject of a military transfer to the Commonwealth of Virginia? *

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THIS IS NOT THE APPLICATION FOR AN ACTIVE CANDIDATE LICENSE TO PRACTICE GENETIC COUNSELING

INSTRUCTIONS FOR COMPLETING AN APPLICATION TO PRACTICE GENETIC COUNSELING IN VIRGINIA

(This form has been designed to be used as a checklist when preparing to submit your application.)

APPLICATION FEES ARE NONREFUNDABLE

BEFORE YOU PROCEED, READ THE FOLLOWING POINTS CAREFULLY!

You should familiarize yourself with the qualifications required for a license by reviewing the laws and regulations governing the practice of genetic counseling in Virginia. They can be found at:

http://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm

The Board works as efficiently as possible to process applications. The time from filing an application with the Board until the issuance of a license is dependent upon entities over which the Board has no control. It is the applicant's responsibility to ensure that outside entities send the necessary documentation to the Board. You should not expect the process to take less than 2-3 months, so plan accordingly if you are pursuing a practice position in Virginia.

The Board provides an electronic checklist for your convenience in tracking your application. You should allow approximately 15 days for your application checklist to be first updated on the Board's website. Supporting documentation will be added to your checklist as it is received. Processing of documents may take up to 10 business days after they are received. If you find your checklist does not exist or does not indicate necessary documents have been received, e-mail the Board at medbd@dhp.virginia.gov with "Genetic Counselor Application Question" in the subject line. E-mails will be answered within 2 business days.

Your application checklist may be viewed by logging into your application and clicking on the "View Checklist" link located in the Pending Licenses section. This link will not be visible for applicants who have not yet paid the application fee. If you have submitted your application and required fee online, but no longer see your checklist listed in the Pending Licensing section, your license may have been issued by the Board. Please visit <https://www.license.dhp.virginia.gov/license/> and use your current User ID and Password to login and view your newly issued license. If you need technical assistance with your checklist, contact the agency's helpdesk at 804-367-4444. The helpdesk cannot provide assistance regarding information about your documents.

Supporting documentation sent to the Board when there is no application on file will be purged after six months.

NB: Virginia law considers material misrepresentation of fact in an application for licensure to be a Class 1 misdemeanor. Misrepresentation may be by commission or omission. Be sure of your facts and provide full responses to the Board's questions.

PROCEEDING TO THE APPLICATION SIGNIFIES THAT YOU HAVE READ AND ACCEPT THE FOREGOING PRINCIPLES REGARDING THE BOARD'S PROCESSES.

You have selected to begin an initial application to practice as a Genetic Counselor. If this license type is incorrect, please contact us at (804) 367-4444 for assistance.

Application requirements:

1. Complete the online application: <https://www.license.dhp.virginia.gov/apply/> which includes paying the nonrefundable application fee of \$130.00. Application fees may only be paid using Visa, MasterCard or Discover.

2. An applicant for a license to practice as a genetic counselor shall provide original source documentation (not a copy) of the following:

Transcripts documenting completion of a Master's Degree from a genetic counseling training program that is accredited by the Accreditation Council of Genetic Counseling.

Transcripts must be official and bear the school seal. Transcripts will only be accepted if they come directly from the school to the Board or if sent to the Board by the applicant in the same unopened envelope in which they were received.

3 A notarized copy of a current, valid certificate issued by the ABGC or ABMG to practice genetic counseling.

4 *Verification of Practice:* A completed Form B Activity Questionnaire or a letter of recommendation must be received from all locations of service, professional employment, observerships, professional research positions or professional volunteer service listed for the past 5 years. **The Board must receive a completed form B from each location where you provided services as a genetic counselor for the past 5 years. Form B Activity Questionnaires may be completed by another genetic counselor or a physician who is familiar with your practice.**

Form B's sent to the Virginia Board of Medicine by the applicant will not be accepted.

If you are a new graduate with no professional practice experience you will have no Form B's to provide.

4. **License Verification:** Verification of genetic counselor licenses or certificates to practice from all jurisdictions within the United States, its territories and possessions or Canada in which you have been issued a license, certification or registration must be received by the Board and must verify whether or not disciplinary action has been taken or is pending in that jurisdiction. **Please contact the applicable jurisdiction where you have been issued a license to practice genetic counseling to inquire about having documentation forwarded to the Virginia Board of Medicine.** Verification must come from the jurisdiction and may be sent by email to medbd@dhp.virginia.gov, faxed to (804) 527-4426 or mailed.

If you do not hold licensure in any other state or jurisdiction, you will have no license verification to provide.

Please note:

- ▶ Applications not completed within 12 months may be purged without notice from the Board.
- ▶ Additional information not already listed may be requested at any time during the process.
- ▶ Application fees are non-refundable.
- ▶ The Board's mailing address is **The Virginia Board of Medicine
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233**
- ▶ Email inquiries are normally responded to within 2 business days. Send your email inquiries to medbd@dhp.virginia.gov.
- ▶ Submission of an application does not guarantee a license. A review of your application could result in the finding that you may not be eligible pursuant to Virginia laws and regulations.



Application

You have selected to begin an initial application to practice as a Genetic Counselor-Temporary by Application. If this license type is incorrect, please contact us at (804) 367-4444 for assistance.

NOTE: An applicant for a temporary license shall provide documentation of having been granted the Active Candidate Status by the ABGC. Such license shall expire 12 months from issuance or upon expiration of Active Candidate Status, whichever comes first.

In addition to completing this online process applicants may be required to complete additional steps, [CLICK HERE](#) for the full instructions. You will be given another opportunity at the conclusion of the application process to download this forms and instructions.

Instructions for All Applicants:

You will need to complete each of the steps listed on the Initial Application Menu on the left. To begin, please click the Start button below.

Please use the Next and Back buttons at the bottom of each step to navigate through the initial application process. You may click the "Save and finish later" button at any time during the application process. This will allow you to log out of the application, then log back in at a later time without losing any of the information that you have provided.

After completing all of the items in the Initial Application Menu, you will be directed to a brief Workforce Survey, then you will be able to submit your payment.

Your application will not be forwarded to the Board of Medicine until you have submitted your payment. The Board must then receive all required information relative to your application. Once all information has been received, review will be done in 30 days or less. This entire process usually takes 6-8 weeks if there are no extraordinary aspects to your application. The Board may ask for further information to explain extraordinary aspects, which will lengthen the process.

Start

000040



Application

Demographics

INSTRUCTIONS:

This is the most current information we have on file for you. Please modify any incorrect information that is displayed.

Required fields are denoted with an asterisk (*).

Personal Information

SSN/Virginia DMV #

ex. 123456789:

*

Date of Birth (mm/dd/yyyy):

*

Maiden Name (if applicable):

Published Address Information

This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.

Is your current address within the United States?

*

Address Line 1 (ex. 123 Fourth St.):

*

Address Line 2 (ex. Apt. 100):

Address Line 3:

Address Line 4:

Country:

Phone:

 (xxx-xxx-xxxx)

Email:

000041



Application

Address of Record

The address information you provide below is your address of record with the Board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be mailed to the address of record provided. This address is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose. Please modify any incorrect information for your mailing address. Required fields are denoted with an asterisk (*).

Is your current address within the United States?

Yes *

Address Line 1 (ex. 123 Fourth St.):

1313 Mockingbird Lane *

Address Line 2 (ex. Apt. 100):

Address Line 3:

City:

OurFairCity *

State:

Virginia *

Zip Code (ex. 02705 or 027051234):

23232 *

Daytime Phone:

804-263-2222 *(xxx-xxx-xxxx)

Other Phone:

(xxx-xxx-xxxx)

Email:

be@yourself.com *

000042



Application

Education

What Accreditation Council of Genetic Counseling program did you study genetic counseling and received a master's degree from genetic counseling?

School Name:

Bob's School *

Date Graduated (mm/dd/yyyy):

03/24/2015 *

Do you certify that I have been given "Active Candidate Status" by the ABGC:

Yes v *

Please provide to the Board a notarized copy of the documentation you received from ABGC granting your Active Candidate Status.

000043



Application

Employment Activity

List in chronological order all professional practices since graduation. Do not leave anything out, be sure to include absences from work. Also list all periods of non-professional activity or employment. PLEASE ACCOUNT FOR ALL TIME. If engaged in private practice, list all hospital or other professional affiliations. A completed **(Form B)** (.PDF file) must be received for all locations where professional service was provided for the last five years. Note: This documentation may be faxed to 804-527-4426.

Have you been employed during the last five years?	Yes ▾ *
Beginning Date (mm/dd/yyyy) :	06/23/2015 *
End Date (mm/dd/yyyy) :	06/24/2016
Employer Name:	Bob's Genetic Counseling *
Location:	Bob's House *
Position Held:	Genetic Counselor *

To add this record click "Add".
 To edit a record, select the record, make the desired changes and click "Save".
 To delete a record, select the record and click "Delete".
 To clear the form, click "Clear".

Begin Date	End Date	Employment Activity Employer Name	Location	Position Held
No data available				

000044



Application

Licensure History

Please enter the jurisdiction, number and status (Active, Inactive, Expired, Suspended or Revoked) of each license.

Verification from all jurisdictions in which you have been issued a full license must be received by the Board. Please contact the applicable jurisdictions to inquire about processing fees.

Have you ever been issued a full license to practice as a Genetic Counselor in any jurisdiction?

 *

000045



Application

Claims History

If you have had malpractice cases brought against you (pending or closed), please provide details of each case.

Have you had any malpractice suits brought against you in the past ten (10) years?

No *

000048



Application

Examination Information

Do you certify that you hold current ABGC or ABMG certification?

*

Are you are scheduled to take the next ABGC or ABMG certification examination?

*

000047

Virginia DHP
Initial Applications

Application

Licensure Questions

Any supporting documentation related to the questions below should be submitted to the Virginia Board of Medicine at:

Virginia Board of Medicine

Perimeter Center

9960 Mayland Drive, Suite 300

Henrico, VA 23233

Fax – (804) 527-4426

Email – medbd@dhp.virginia.gov

1. Have you ever been denied a certificate/license or the privilege of taking an examination for licensure or certification in another state as a Generic Counselor ? *

2. Have you ever been denied privileges or voluntarily surrendered your clinical privileges for any reason? *

3. Have you ever been placed on a corrective action plan, placed on probation or been dismissed or suspended or requested to withdraw from any professional school, training program, hospital, etc? *

4. Have you ever been terminated from employment or resigned in lieu of termination from any training program or professional employment? *

5. Have you ever been convicted of a violation of/or pled Nolo Contendere to any federal, state or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations, except convictions for driving under the influence.) *

6. Have you ever had any disciplinary actions taken against any or your professional license/certificate/permit/registration related to your professional practice, or are any actions pending or are you currently under investigation? *

000048

7. Have you ever had any membership in a state or local professional society revoked, suspended, or involuntarily withdrawn? *

8. Have you voluntarily withdrawn from any professional society while under investigation? *

9. Have you been treated by, consulted with, or been under care of a professional for substance abuse within the last two (2) years? *

10. Do you have a physical disease or diagnosis including a nervous, emotional or mental disorder that may affect your performance of professional duties? *

11. Have you been in a health practitioner's monitoring program within the last two years? *

12. Have you carefully read and do you understand the rules and regulations for a Generic Counselor adopted by the Virginia Board of Medicine? *

13. By entering your initials, you attest that you have carefully read and do you understand the rules and regulations for Generic Counselor adopted by the Virginia Board of Medicine, which are available on our [website](#): *

The following question is for statistical purposes only:

Do you intend to engage in the active practice as a Generic Counselor in the Commonwealth of Virginia? *

Military Spouse

Did you relocate with a spouse who is the subject of a military transfer to the Commonwealth of Virginia? *

000049



Application

Demographics

INSTRUCTIONS:

This is the most current information we have on file for you. Please modify any incorrect information that is displayed.

Required fields are denoted with an asterisk (*).

Personal Information

SSN/Virginia DMV #

ex. 123456789:

323323232

Date of Birth (*mm/dd/yyyy*):

06/23/1999

Maiden Name (*if applicable*):

beboobopper

Published Address Information

This address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than a residence, such as a Post Office Box or a practice location if you wish.

Is your current address within the United States?

No

Address Line 1 (*ex. 123 Fourth St.*):

Bill's Fun House

Address Line 2 (*ex. Apt. 100*):

Address Line 3:

Address Line 4:

Country:

Phone:

Email:

Address of Record

The address information you provide below is your address of record with the Board. Please be advised that all notices from the board, to include renewal notices, licenses, and other legal documents, will be mailed to the address of record provided. This address is not subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose. Please modify any incorrect information for your mailing address. Required fields are denoted with an asterisk (*).

Is your current address within the United States?

Yes

Address Line 1 (*ex. 123 Fourth St.*):

1313 Mockingbird Lane

Address Line 2 (*ex. Apt. 100*):

Address Line 3:

City:

OurFairCity

State:

Virginia

000050

Zip Code (ex. 02705 or 027051234): 23232
 Daytime Phone: 804-263-2222
 Other Phone:
 Email: be@yourself.com

Education

What Accreditation Council of Genetic Counseling program did you study genetic counseling and received a master's degree from genetic counseling?

School Name: Bob's School
 Date Graduated (mm/dd/yyyy): 03/24/2015
 Do you certify that I have been given "Active Candidate Status" by the ABGC: Yes

Please provide to the Board a notarized copy of the documentation you received from ABGC granting your Active Candidate Status.

Employment Activity

List in chronological order all professional practices since graduation. Do not leave anything out, be sure to include absences from work. Also list all periods of non-professional activity or employment. PLEASE ACCOUNT FOR ALL TIME. If engaged in private practice, list all hospital or other professional affiliations. A completed **(Form B)** (.PDF file) must be received for all locations where professional service was provided for the last five years. Note: This documentation may be faxed to 804-527-4426.

Have you been employed during the last five years? Yes

Employment Activity				
Begin Date	End Date	Employer Name	Location	Position Held
No data available				

Licensure History

Please enter the jurisdiction, number and status (Active, Inactive, Expired, Suspended or Revoked) of each license.

Verification from all jurisdictions in which you have been issued a full license must be received by the Board. Please contact the applicable jurisdictions to inquire about processing fees.

Have you ever been issued a full license to practice as a Genetic Counselor in any jurisdiction? No

Claims History

If you have had malpractice cases brought against you (pending or closed), please provide details of each case.

Have you had any malpractice suits brought against you in the past ten (10) years? No

Examination Information

000051

Do you certify that you hold current ABGC or ABMG certification?	No
Are you are scheduled to take the next ABGC or ABMG certification examination?	Yes

Licensure Questions --

Any supporting documentation related to the questions below should be submitted to the Virginia Board of Medicine at:

Virginia Board of Medicine
 Perimeter Center
 9960 Mayland Drive, Suite 300
 Henrico, VA 23233
 Fax – (804) 527-4426
 Email – medbd@dhp.virginia.gov

1. Have you ever been denied a certificate/license or the privilege of taking an examination for licensure or certification in another state as a Generic Counselor ?	No
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2. Have you ever been denied privileges or voluntarily surrendered your clinical privileges for any reason?	No
---	----

3. Have you ever been placed on a corrective action plan, placed on probation or been dismissed or suspended or requested to withdraw from any professional school, training program, hospital, etc?	No
--	----

4. Have you ever been terminated from employment or resigned in lieu of termination from any training program or professional employment?	No
---	----

5. Have you ever been convicted of a violation of/or pled Nolo Contendere to any federal, state or local statute, regulation or ordinance, or entered into any plea bargaining relating to a felony or misdemeanor? (Excluding traffic violations, except convictions for driving under the influence.)	No
---	----

6. Have you ever had any disciplinary actions taken against any or your professional license/certificate/permit/registration related to your professional practice, or are any actions pending or are you currently under investigation?	No
--	----

000052

7. Have you ever had any membership in a state or local professional society revoked, suspended, or involuntarily withdrawn? No
8. Have you voluntarily withdrawn from any professional society while under investigation? No
9. Have you been treated by, consulted with, or been under care of a professional for substance abuse within the last two (2) years? No
10. Do you have a physical disease or diagnosis including a nervous, emotional or mental disorder that may affect your performance of professional duties? No
11. Have you been in a health practitioner's monitoring program within the last two years? No
12. Have you carefully read and do you understand the rules and regulations for a Generic Counselor adopted by the Virginia Board of Medicine? No
13. By entering your initials, you attest that you have carefully read and do you understand the rules and regulations for Generic Counselor adopted by the Virginia Board of Medicine, which are available on our website: rah

The following question is for statistical purposes only:

Do you intend to engage in the active practice as a Generic Counselor in the Commonwealth of Virginia? No

Military Spouse

Did you relocate with a spouse who is the subject of a military transfer to the Commonwealth of Virginia? No

Certification

I certify by entering my electronic signature below: I am the person applying for licensure/certification/registration and meet the qualifications required by Virginia law and regulations. Further, I certify the information provided in this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information requested in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/certificate/registration.

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Electronic Signature (Full Legal Name): *

I agree to the above certification

Click the "**Finish**" button at the bottom of the page to continue with your application.
To return to the profile sections click the "**Back**" button.

000051

PLEASE CHECK APPROPRIATE PROFESSION

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Acupuncturist | <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> BCaBA | <input type="checkbox"/> BCBA |
| <input type="checkbox"/> Genetic Counselor | <input type="checkbox"/> Midwife | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Occupational Therapist Assistant |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Polysomnographer | <input type="checkbox"/> Radiologic Technologist | <input type="checkbox"/> Radiologic Technologist - LIMITED |
| <input type="checkbox"/> Radiologist Assistant | <input type="checkbox"/> Respiratory Therapist | | |

	<p>Virginia Department of Health Professions Board of Medicine 9960 Mayland Drive, Suite 300 Henrico, Virginia 23233-1463</p>	<p>Phone: (804) 367-4600 Fax: (804) 527-4426 Email: medbd@dhp.virginia.gov</p>
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Please provide name and address of organization/individual exactly as it appears on your application chronology

Clearly print/type name of applicant _____

Last 4 of Social Security Number: _____

The Virginia Board of Medicine, in its consideration of an applicant for licensure, depends on information from persons and institutions regarding the applicant's employment, training, affiliations, and staff privileges. Please complete this form to the best of your ability and return it to the Board by mail, fax or email so the information you provide can be given consideration in the processing of his/her application in a timely manner. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past, and present) and governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Virginia Board of Medicine any information, files or records requested by the Board in connection with the processing of my application.

Signature of Applicant _____

1. Date and type of service: This individual served with us as _____
 from _____ to _____
 (Month/Year) (Month/Year)

2. Please evaluate: (Indicate with check mark)

	Poor	Fair	Good	Superior
Professional knowledge				
Clinical judgment				
Relationship with patients				
Ethical/professional conduct				
Interest in work				
Ability to communicate				

3. Recommendation: (please indicate with check mark)

- Recommend highly and without reservation Recommend as qualified and competent
 Recommend with some reservation (explain) _____
 Do not recommend (explain) _____

4. Of particular value to us in evaluating any applicant are any notable strengths and weaknesses (including personal demeanor). We would appreciate such comments from you. _____

5. The above report is based on: (please indicate with check mark)

- Close personal observation General impression A composite of evaluations
 Other: _____

Date (Required): _____

Signed by: _____

Signator Contact Number: (_____) _____

Print or type name: _____

Title: _____

(This report will become a part of the applicant's file and may be reviewed by the applicant upon request.)

000055

Heaberlin, Alan (DHP)

Subject: FW: for your committee meeting

Dear Matt,

At your suggestion, I am writing to bring my situation to the committee's attention prior to your meeting in June.

I am a 1989 graduate of the University of California, Berkeley Genetic Counseling Program. The program was in existence until 2003 and was one of the original programs to graduate genetic counseling Master's students. Genetic Counseling was a relatively new field in 1989, and no formal accreditation process was in place for any of the 8 genetic counseling programs in existence at that time. All graduates of these programs took the American Board of Medical Genetics (ABMG) certification exam that was offered every three years. I passed the ABMG board exam in genetic counseling in 1990. In 1993 the ABMG became a part of the American Board of Medical Specialties and could no longer certify genetic counselors. A new organization, the American Board of Genetic Counseling (ABGC), was then formed. I was one of 495 ABMG boarded genetic counselors who chose to become Charter Members of ABGC. We are grandfathered in and not required to undergo a recertification process to maintain our ABGC certification. Nonetheless, I continue to attend professional meetings and conferences. I do not apply for CEU's because, until this time, I did not need them. I have maintained my certification by paying my annual dues.

The ABGC began accrediting genetic counseling programs in 1995, two years after it was originally formed, and continued to do so until 2013 when the ABGC split into two organizations - one that would administer the ABGC board exam (ABGC) and one that would administer the accreditation process for genetic counseling programs - Accreditation Council for Genetic Counseling (ACGC). I have been involved with both organizations; as a Disciplinary Review Committee member for the ABGC and as a site visitor for the ACGC. As a site visitor I review genetic counseling graduate programs to ensure that they meet the ACGC standards of accreditation.

UC, Berkeley was accredited by ABGC until the program closed in 2003. Obviously this was before ACGC began to assume the role of accreditation in 2013.

As you know, the licensure law, as written, is problematic for me. While I believe that my qualifications meet the intent of the licensure bill - on paper, they do not. I did not graduate from an "ACGC accredited" program because ACGC did not exist at that time, and my program does not exist at this time. Were it to, I feel certain that it would be accredited. The move from ABMG to ACGC accreditation in 2013 did not change the standards by which programs are measured. Furthermore, many of the faculty of the UC, Berkeley program formed a new program with UCSF, UC, Stanislaus, and with funding from Kaiser Permanente. It currently exists as an ACGC accredited genetic counseling program. The clinical training sites remain in the Bay Area. California has had licensure for several years and many of the licensed genetic counselors in the Bay Area are UC, Berkeley graduates.

000056

We have discussed the possibility of submitting my application under the grandfathering clause of the licensure bill. As you know, this is also problematic for me as I have not applied for CEU's in the past. Thus, I do not have documentation to meet the requirement of 25 continuing education credits in the past 5 years.

I have attached my CV for the committees review, should that be helpful. In addition to my work with ABGC/ACGC, I was the Chair of the NSGC Ethics Subcommittee for two years and a member of the Ethics Task Force that drafted the first revisions to the NSGC Code of Ethics. I have been an item writer for the ABGC board exam for two cycles. I am also an off-site supervisor for the University of Michigan Genetic Counseling program, which is currently ACGC accredited.

I realize that my situation is unique and that the current wording of the licensure bill will apply to most, if not everyone else. I also feel that I bear some responsibility for this predicament because I reviewed drafts of the licensure bill and did not pick this up. Despite the challenge that this wording creates for me, I remain hopeful that my experience, and qualifications, will speak for themselves and that I am someone that this bill is meant to uphold.

If it would help for me to appear before the committee at your June 5th meeting to answer any further questions, I would be eager to do that.

Thank you in advance for your help.

Sincerely,

Logan B. Karns, MS, CGC

Genetic Counselor