



## SUPERVISING STATEMENT FOR TEMPORARY GENETIC COUNSELORS

State Form 57725 (3-25)

**MEDICAL LICENSING BOARD OF INDIANA  
PROFESSIONAL LICENSING AGENCY**  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Telephone: (317) 234-2060  
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[www.pla.IN.gov](http://www.pla.IN.gov)

- INSTRUCTIONS:
1. Complete this form in its entirety.
  2. This form can be mailed to the office address shown above.
  3. Visit [www.pla.in.gov](http://www.pla.in.gov) for more information.

### COMPLETE THIS PAGE ONLY IF APPLYING FOR A TEMPORARY PERMIT.

An applicant who is applying for a temporary permit must take and pass the next available examination for certification and may only practice under the temporary license if directly supervised by a licensed genetic counselor or licensed physician.

#### SUPERVISING STATEMENT FOR TEMPORARY GENETIC COUNSELORS

Name of supervisor (last, first, middle)		
Profession	License number	Date license expires (month, day, year)
Residence address (number and street or rural route, city, state, and ZIP code)		
Office address (number and street or rural route, city, state, and ZIP code)		
Residence telephone number (       )	Office telephone number (       )	E-mail address

#### CERTIFICATION OF SUPERVISION

Please indicate by signing your name below that the genetic counselor on this application (supervisee) will be under your continuous supervision and that you have a supervision contract on file with both parties that sets forth the manner in which you will:

- Assess and document the professional competence, skill and experience of the supervisee;
- Determine the nature and level of the supervision required by the supervisee;
- Convene monthly to review clinical services and administrative practices;
- Conduct monthly chart or case reviews; and
- Provide coverage during absence, incapacity, infirmity or emergency

Signature of supervisor	Date (month, day, year)
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