



APPLICATION FOR A LICENSE TO PRACTICE AS A GENETIC COUNSELOR

State Form 54121 (R8 / 3-25)

**MEDICAL LICENSING BOARD OF INDIANA
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2060
E-mail: pla3@pla.IN.gov
www.pla.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is \$40.00, payable to the Indiana Professional Licensing Agency, in accordance with 844 IAC 14-3-1.
 2. If applying for a temporary permit, please include a fee of \$10.00 in accordance with 844 IAC 14-3-1.
 3. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
 4. All fees are non-refundable and non-transferable.
 5. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.
** This information is being requested for workforce statistical purposes only; disclosure is voluntary.

FOR OFFICE USE ONLY

Application fee	Date fee paid (month, day, year)	Receipt number	License number	License issuance date (month, day, year)
Temporary fee	Date fee paid (month, day, year)	Receipt number	Temporary license number	License issuance date (month, day, year)

DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION

Name of applicant (last, first, middle)		
Social Security number *	Date of birth (month, day, year)	Gender ** <input type="checkbox"/> Male <input type="checkbox"/> Female
Address of applicant (number and street or rural route)		City, state, and ZIP code
Telephone number (daytime) ()	E-mail address (Required to receive status updates on your application.)	
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select ONLY ONE of the following.) <input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 USC § 1641). <input type="checkbox"/> I am authorized by the Federal government to work in the United States.		
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you an active duty member of the military? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you desire a temporary permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date of scheduled examination (month, day, year)

EDUCATION (Attach a separate sheet, if necessary.)

Undergraduate Education		
Name of college or university	Dates attended (month, day, year)	Date of graduation (month, day, year)
Address (number and street, city, state, and ZIP code)		Degree
Graduate Education		
Name of college or university	Dates attended (month, day, year)	Date of graduation (month, day, year)
Address (number and street, city, state, and ZIP code)		Degree
Other Professional Education		
Name of college or university	Dates attended (month, day, year)	Date of graduation (month, day, year)
Address (number and street, city, state, and ZIP code)		Degree

EMPLOYMENT HISTORY

Please list all previous experience as a genetic counselor for the last five (5) years or since graduation from a professional program, including military or government service, listing the most recent first. Please provide a written explanation for any gaps of six (6) months or more in employment history. Attach a separate list, if necessary.

Name of employer		Dates employed (month, year to month, year)
Location (city, state, and ZIP code)	Job title	
Name of contact person		Telephone number ()
Name of employer		Dates employed (month, year to month, year)
Location (city, state, and ZIP code)	Job title	
Name of contact person		Telephone number ()
Name of employer		Dates employed (month, year to month, year)
Location (city, state, and ZIP code)	Job title	
Name of contact person		Telephone number ()
Name of employer		Dates employed (month, year to month, year)
Location (city, state, and ZIP code)	Job title	
Name of contact person		Telephone number ()

CERTIFICATION EXAMINATION

Certifying body (check one)	<input type="checkbox"/> American Board of Genetic Counseling (ABGC)	Date passed examination (month, year)
	<input type="checkbox"/> American College of Medical Genetics (ACMG)	

BOARD CERTIFICATION

Type of certification (check one)	<input type="checkbox"/> American Board of Genetic Counseling (ABGC)	Date of issuance (month, year)	Date of expiration (month, year)
	<input type="checkbox"/> American College of Medical Genetics (ACMG)		

STATE LICENSES

Please list any license, permit, certificate, or registration that you hold to practice genetic counseling or any regulated health occupation in any state, regardless of status.

TYPE OF LICENSE	STATE	LICENSE NUMBER	YEAR OF ISSUE	CURRENT STATUS

QUESTIONS

If your answer is "Yes" to any of the following, explain fully in a signed written statement, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

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| 1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you ever been denied a license, certificate, registration or permit to practice genetic counseling or any regulated health occupation in any state (<i>including Indiana</i>) or country, or surrendered your license? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice in a competent, ethical, and professional manner? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you ever been the subject of an investigation by a regulatory agency concerning any licenses? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. <i>Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,</i>
(1) have you ever been arrested; | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) have you ever been convicted of any offense, misdemeanor, or felony in any state; | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (5) have you ever pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have you ever been admonished, censured, reprimanded or requested to withdraw, resign or retire from any hospital or health care facility in which you have trained, held staff membership or privileges or acted as a consultant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have you ever had a malpractice judgment against you or settled any malpractice action? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I affirm, under penalties for perjury, that the foregoing representations are true.

Signature of applicant

Date (*month, day, year*)