



Genetic Counselor License Application Packet

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Important Social Security Number Information:

If you have a Social Security Number, the law requires you to disclose it on your application for a professional or occupational license. [42 U.S.C. § 666\(a\)\(13\)](#); [RCW 26.23.150](#). It will be used under the state’s child support enforcement program to locate individuals for purposes of establishing paternity and establishing, modifying, and enforcing support obligations. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. If you do not have a Social Security Number, you are still eligible to apply for and obtain a credential if you meet the requirements. Please see the [Declaration of No Social Security Number Form](#). Please call the Customer Service Center at 360-236-4700 if you have questions.

In order to process your request:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
P.O. Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Genetic Counselor Credentialing
P.O. Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

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General Instruction Checklist

Important background check Information: Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This **may be** required if you have lived in another state or if you have a criminal record in Washington State. This would be at your own expense.

All information should be printed clearly in ink. It is your responsibility to submit the required forms.

Application Fee. This fee is non-refundable. You can check the [fee page](#) for current fees.

Select if the following applies:
Spouse or Registered Domestic Partner of Military Personnel

1. Demographic Information:

Social Security Number: You must list your social security number on your application. You are not required to have or obtain a Social Security Number to apply for or obtain a license from the Department of Health. Please see the [Declaration of No Social Security Number Form](#). Please call the Customer Service Center at 360-236-4700 if you do not have one.

National Provider Identifier Number (NPI): The National Provider Identifier (NPI) is a standard unique identifier for health care professionals available from the Federal Centers for Medicare and Medicaid Services. The NPI is a 10 digit numeric identifier. If you have a NPI number, provide this on your application.

Legal Name: List your full name: first, middle, and last.

Definition of legal name: “Legal name” is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

Birth date: Provide the month, day, and year of your birth.

Address: List the address we should use to send any information about your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with the Department of Health until we have been notified of a change. See [WAC 246-12-310](#).

Phone, Fax, and Cell Numbers: Enter your phone, fax, and cell numbers, if you have them.

Email: Enter your email address, if you have one.

Other Name(s): Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See [WAC 246-12-300](#).

2. Personal Data Questions:

All applicants must answer the same personal data questions. They are focused on your fitness to practice the essential skills of this profession.

If you answer “yes” to any questions in this section, you must provide an

appropriate explanation. You must also provide the documentation listed in the note after the question. If you do not provide this, your application is incomplete and it will not be considered.

- Question 5 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can get copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.
- If you have been granted certificate(s) of restoration of opportunity, please provide a certified copy of each certificate.
- Another jurisdiction means any other country, state, federal territory, or military authority.

3. Training and Education:

List in date order your training and education. Attach additional completed pages if you need more space.

4. Professional Experience:

List in date order, most recent to later, your professional work experience and practice from date of graduation from professional college or university. Attach additional pages if you need more space. A resume will **not** substitute for completion of the application.

5. Other License, Certification, or Registration:

List all states, including Washington, where credentials are or were held. Attach additional completed pages if you need more space. You must also print the [Verification Form](#) and provide it to each state or jurisdiction that you have listed, requesting that they complete and submit the form directly to the Department of Health.

6. Applicant's Attestation:

You must sign and date this for us to process the application.

For Spouses and Registered Domestic Partners of Military Personnel Being Transferred or Stationed in Washington:

Under state law, if you are the spouse or state-registered domestic partner of a servicemember of any branch of the U.S. Military, to include Guard or Reserve, and are applying for a health care professional credential in this state, you may be eligible to have the processing of your application expedited to receive your credential more quickly.

Documents to submit with your application should include the following:

- A copy of your spouse's or registered domestic partner's military transfer orders to Washington State.
- One of the following:
 - A copy of your marriage certificate to show proof of marriage; or
 - A copy of a state's declaration or registration showing you are in a state registered domestic partnership with a member of the U.S. military.

License Requirements

In order to qualify for licensure, you must complete the following requirements:

- Application and fee;
- Education:
 - Have a master's degree from a genetic counseling training program accredited or was accredited at the time of your graduation by the American Board of Genetic Counseling (ABGC) or an equivalent program as determined by the ABGC;

Or

- Have a doctorate from a medical genetics training program accredited by the American Board of Medical Genetics (ABMG) or an equivalent program as determined by the AMBG;

Official Transcripts: Have your college or university mail your transcripts with the degree and date of graduation listed to the genetic counselor credentialing. Transcripts must come to us directly from the school. Non-posted transcripts or student copies are not acceptable.

And

- Meet examination requirements;
Proof of passing one of the following examinations:
Examination scores need to be sent directly from either the ABGC or the AMBG.
 - ABGC certification examination;

OR

- ABMG general genetics and genetic counseling specialty examinations;

OR

- ABMG clinical genetics specialty or subspecialty certification examination;

And

- Out-of-state verification form to be completed by the state(s) you are or have held licensure. The state will complete its portion of the license verification form and mail it directly back to Washington State.

Note: Many states charge a verification processing fee. Contact them prior to request to prevent delays in processing.

License by Endorsement:

If you are currently licensed under the laws of another state, you may qualify for licensure by completing the following requirements:

- Application and fee;
- Documentation verifying that you meet the education requirements under [WAC 246-825-060](#);
- Official Transcripts:** Have your college or university mail your transcripts with the degree and date of graduation listed to genetic counselor credentialing. Transcripts must come to us directly from the school. Non-posted transcripts or student copies are not acceptable.
- Meet examination requirements;
Proof of passing one of the following examinations:
Examination scores need to be sent directly from either the ABGC or the ABMG.
 - ABGC certification examination;
 - OR**
 - ABMG general genetics and genetic counseling specialty examinations;
 - OR**
 - ABMG clinical genetics specialty or subspecialty certification examination;
- AND**
You must hold an unrestricted active license to practice as a genetic counselor in another state. Out-of-state license verification form to be completed by the state(s) where you are or have held licensure. The state will complete its portion of the license verification form and mail it directly back to Washington State.
Note: Many states charge a verification processing fee. Contact them prior to request to prevent delays in processing.

You may apply for a temporary practice permit as established under [WAC 246-12-050](#).

Provisional License

If you meet all the requirements for licensure except for passing the examination, you may apply for a provisional license to engage in supervised practice as a genetic counselor.

You may complete the following requirements:

- Application and fee;
- Education:
 - Have a master’s degree from a genetic counseling training program accredited or was accredited at the time of your graduation by the ABGC or an equivalent program as determined by the ABGC;

Or

- Have a doctorate from a medical genetics training program accredited by ABMG or an equivalent program as determined by the AMBG;

And

Official Transcripts: Have your college or university mail your transcripts with the degree and date of graduation listed to genetic counselor credentialing. Transcripts must come to us directly from the school. Non-posted transcripts or student copies are **not** acceptable.

- Documentation of supervised practice;

And

- Out-of-state license verification form to be completed by the state(s) where you are or have held licensure. The state will complete its portion of the license verification form and mail it directly back to Washington State;

Note: Many states charge a verification processing fee. Contact them prior to request to prevent delays in processing.

You may not practice as a genetic counselor in Washington State until your application has been approved for provisional license.

A provisional license will expire on your birthday as provided under [WAC 246-12-020](#) or upon the earliest of the following:

- A license is granted;

Or

- A notice of decision is mailed.

A provisional license may be renewed a maximum of three times.

Supervision—Provisional License:

A provisional license requires the practice of genetic counseling only under general supervision. The supervising genetic counselor and the supervisee do not need to have an employer/employee relationship. However, they may have a supervisor/supervisee relationship.

When you apply for provisional license, you must:

- Provide name, business address and telephone number, professional license number, and signature of the supervisor.
- The supervisor's license and ABGC or ABMG certification must be current and in good standing at all times during the supervisory relationship. Provide a copy of supervisor's current national certification.
- You and your supervisor must notify the department in writing of any change relating to the working relationship within 15 days of the change. In the event of a change of supervisor, you must not practice as a genetic counselor at any time between the end of one supervisory relationship and the department's receipt and approval of the new supervisor.

Note: Does not require the physical presence of the supervisor.

Other Information:

Criminal history checks are conducted for all license applicants. If you answered yes to any of the personal data questions, please submit the appropriate supporting documentation as indicated on the application. If your application is incomplete, you will be mailed a letter regarding the deficiencies.

- The application is considered incomplete if requested information is left blank. Write N/A or place a line through section instead of leaving blank.
- The initial license will expire on your birthday unless the initial license is issued within 90 days of your birthday.
- Licenses must be renewed every year on your birthday. A courtesy renewal notice will be mailed to your address on record. You must keep your address current with us. Any renewal postmarked or presented to the department after midnight on the expiration date is late.
- Information regarding the genetic counselor program is available on our [website](#).

Continuing Education Requirements:

Licensed genetic counselors must complete a minimum of 75 continuing education hours or 7.5 continuing education units every three years following the first renewal as required by [RCW 18.290.070](#) and [WAC 246-825-110](#).

The required continuing education must be obtained during the period between renewals. Continuing education is subject to the provisions of chapter [246-12 WAC, Part 7](#).

Date
Stamp
Here

Revenue 62415500

Genetic Counselor Application

You must check one box:

Licensure

Licensure by Endorsement

Provisional License

Select if the following applies: Spouse or Registered Domestic Partner of Military Personnel

1. Demographic Information

Social Security Number (SSN) (If you do not have a SSN, see instructions)	National Provider Identifier Number (NPI) (Enter 10 digit number)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> X
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Name	First	Middle	Last
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Birth date (mm/dd/yyyy)

Address

City	State	Zip Code	County
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Country

Phone (enter 10 digit #)	Fax (enter 10 digit #)	Cell (enter 10 digit #)
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Email address

Mailing address if different from above address of record

City	State	Zip Code	County
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Country

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information on file with the department.

Have you ever been known under any other name(s)? Yes No
 If yes, list name(s):

Will documents be received in another name? Yes No
 If yes, list name(s):

2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation.....

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
- 1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain.....

“Currently” means within the past two years.

“Chemical substances” include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?.....

4. Are you currently engaged in the illegal use of controlled substances?.....

“Currently” means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ..

Note: If you answered “yes” to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

If you have been granted certificate(s) of restoration of opportunity, please provide a certified copy of each certificate.

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

2. Personal Data Questions (Cont.)

Yes No

6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes?
 - b. Diverted controlled substances or legend drugs?.....
 - c. Violated any drug law?
 - d. Prescribed controlled substances for yourself?
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements?
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority?
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession?
11. Have you ever been disqualified from working with vulnerable persons by the Department of Social and Health Services (DSHS)?

3. Training and Education

List in date order graduate school(s) attended, major, and month and year the degree was granted. A transcript is to be requested from the graduate school(s) and sent directly from the graduate school to the Department of Health.

Graduate School	Degree and Major	Degree Granted	
		Month	Year

4. Professional Experience

List in date order all professional experience.

Indicate Type of Experience or Practice and Location	Inclusive Dates of Experience	
	Entrance Date (mm/yyyy)	Leaving Date (mm/yyyy)

5. Other License, Certification, or Registration

List all states, including Washington, where credentials are or were held.

State/ Jurisdiction	License Type	Method Licensed			License/Certification/Registration	
		Exam	Endorsement	Grandfathered	Year Issued	Number

An "Out of State Verification for License/Certification/Registration" form is enclosed and must be sent to each state listed above. Enter your full name and birth date at the top of the form so the state may identify you. Also contact each state board listed for any fees they might charge you for processing the verification form.

6. Applicant's Attestation

I, _____, declare under penalty of perjury under the laws of the state of
(Print name of applicant clearly)

Washington that the following is true and correct:

- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.
- I have read all laws and rules related to my profession.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand that I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated _____ at _____
(mm/dd/yyyy) (City, State)

by: _____
(Original signature of applicant)

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Genetic Counselor Credentialing
P.O. Box 47877
Olympia, WA 98504-7877
360-236-4700

Genetic Counselor Supervision for Provisional License

Last Name of Supervised:	
First Name:	Middle Name/Initial:
Business Name:	
Business Address:	
Phone (enter 10 digit #):	Supervisor's Professional License Number:

I understand that my signature on this form will allow this individual to practice as a genetic counselor under my supervision.

Signature of Supervisor

Name of Supervised

General Supervision includes:

On-going availability to engage in direct communication, either face-to-face or by electronic means;

Active, ongoing review of the genetic counselor's services, as appropriate, for quality assurance and professional support;

Description of contingency plans to include the unplanned unavailability of the primary supervisor; and

Identification and professional license number of an alternate supervisor, as appropriate to the practice setting.

General supervision does not require the supervisor to be physically present. The supervisor shall be readily accessible for consultation and assistance to the provisionally licensed genetic counselor.

Please send completed form to the above address.

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RCW/WAC and Online Website Links

RCW/WAC Links

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedure Act, RCW 34.05](#)

[Administrative Procedures and Requirements, WAC 246-12](#)

[Genetic Counseling Law, RCW 18.290](#)

[Genetic Counseling Rules, WAC 246-825](#)

Online

[Genetic Counselor, Web Page](#)

[ABMG's Approved Programs](#)

Get important information about your credential type by [subscribing to email alerts](#).