



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
HEALTH RELATED BOARDS  
665 MAINSTREAM DRIVE  
NASHVILLE, TN 37243

TENNESSEE BOARD OF MEDICAL EXAMINERS  
(800) 778-4123, ext. 532-4384 or Local (615) 532-3202, ext. 532-4384  
[www.tennessee.gov](http://www.tennessee.gov)

APPLICATION INSTRUCTIONS FOR LICENSURE AS A GENETIC COUNSELOR  
APPLICATION CHECK SHEET

Provided below is a checklist for your personal use and convenience containing all the things you must do to receive consideration for issuance of a Tennessee license to practice. **NOTE: All submissions must be executed and dated less than one (1) year before receipt or the submission will be rejected by the Board.**

**Licensure by Examination:**

**Done**

1. Complete, sign, have notarized and mail the application pages 1 through 6. \_\_\_\_\_
2. Attach to the application a clear, recognizable, recently taken passport size photograph of yourself. \_\_\_\_\_
3. Request that a graduate transcript from a genetic counseling training education program, the educational standards of which have been established by the ABGC or the ABMG, be submitted directly from the educational institution to the administrative office. The transcript must show the program has been successfully completed and carry the official seal of the institution. Complete and mail Attachment 3 to your graduate school. \_\_\_\_\_
4. If you are or have ever been licensed, certified, registered, or permitted by any state or country to practice as a genetic counselor or other health professional, you must complete and mail Attachment 1 to each and every licensing board. Copies of Attachment 1 may be duplicated to accommodate each request. \_\_\_\_\_
5. Attach to the application a check or money order in the amount of \$110 (or \$160 for a temporary license) made payable to the Board of Medical Examiners. \_\_\_\_\_
6. Cause to be submitted directly from ABGC or ABMG proof of certification. See Attachment 2. \_\_\_\_\_
7. Criminal Background Check. Click [here](#) for instructions. \_\_\_\_\_
8. Attachment 5 – Declaration of Citizenship \_\_\_\_\_

**Licensure by Grandfather Clause**

**Done**

Any person who is currently actively practicing genetic counselors is eligible to receive a license upon further showing satisfactory proof of the existence of all of the following requirements:

1. Cause to be submitted to the administrative office items 1 through 8, listed previously except item number 6. 

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2. Any person who has practiced as a genetic counselor since 1980 is eligible to receive a license as a genetic counselor upon further showing satisfactory proof of work history and scope of practice by submitting the following items to the Board's administrative office, along with the licensure application:
  - (a) written job description(s) or letters from employers which cover the entire work period and explain the licensure applicant's scope of practice; and
  - (b) photocopies of paycheck(s), paycheck stub(s), or Internal Revenue Service (IRS) Forms W-2, 1099-Misc., or Schedules C or C-EZ for IRS form 1040 to verify proof of income from the practice of genetic counseling.

All documents must be submitted directly from the employing facility or signatory to the Board's administrative Office. 

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### **Temporary License:**

A temporary license may be issued to an applicant who has applied for but has yet to take the licensure examination. To obtain a temporary license an applicant must cause to be submitted to the administrative office all of items 1 through 8 above except 6 and submit Attachment 2 to the ABGC or ABMG. Applicants must have made application to sit for the licensure exam and sign the ABGC or ABMG verification release from (Attachment 2) allowing the ABGC or ABMG to release all exam scores to the Tennessee Board of Medical Examiners.

You must practice under the general supervision of a licensed genetic counselor with current ABMG certification in clinical genetics. Please submit Attachment 4 with your application. Attachment 4 must be signed by the supervising genetic counselor and must be submitted prior to beginning practice.

**If an address change occurs at any time, you must notify the Board's administrative office, in writing, immediately.**

1. All application fees and temporary licensure fees are non-refundable.
2. All documents and fees required to be submitted by you or which must be requested from the appropriate institutions in this application process, must be mailed directly to:

Board of Medical Examiners' Genetic Counselors  
665 Mainstream Drive  
Nashville, TN 37243

For Federal Express or Special Courier:  
Board of Medical Examiners' Genetic Counselors  
665 Mainstream Drive  
Nashville, TN 37228

3. Allow fourteen (14) working days for information mailed to our office to be received and placed in your file. Federal Express or special courier services will not appreciably reduce the processing time. Additionally, if Federal Express or special courier services are used you will be responsible for charges incurred. The Board asks that you please give the administrative office every consideration in this matter.
4. If necessary documentation has not been received when your application has been received by the Board's administrative office, an initial deficiency letter will be sent to you. The supporting documentation requested in the letter must be received in the Board's administrative office sixty (60) days from the date of the initial deficiency letter. Files not completed within sixty (60) days will be closed.
5. Absent any complicating factors, the average application processing time is six weeks. Once the application is completed, your file will be promptly reviewed and an initial licensure determination made. You will be promptly notified by letter of the initial determination and if your application is approved, you will be able to view licensure approval on the Internet at [www.state.tn.us/health](http://www.state.tn.us/health).
6. It is recommended that you do not make arrangements to accept employment as a genetic counselor in Tennessee until you are granted a license by the Board of Medical Examiners.

Thank you for your cooperation. We will make every effort to expedite your application in an efficient manner.

**IMPORTANT: You must have a Tennessee license issued by the Board of Medical Examiners in your possession before you may lawfully practice.**



**EDUCATIONAL AND EMPLOYMENT INFORMATION**

Please provide the following information for all educational institutions you have attended beyond high school. Use the back of this page if you need additional space. (Send Attachment 3 to the educational institution where you completed your program.)

From: _____ Mo/Yr	To: _____ Mo/Yr	_____	_____
		Educational Institution	Location
From: _____ Mo/Yr	To: _____ Mo/Yr	_____	_____
		Educational Institution	Location
From: _____ Mo/Yr	To: _____ Mo/Yr	_____	_____
		Educational Institution	Location
From: _____ Mo/Yr	To: _____ Mo/Yr	_____	_____
		Educational Institution	Location

Please complete your entire employment history starting with the most current position first. Use the back of this page if you need additional space.

<u><b>DATES</b></u>	<u><b>LOCATION</b></u>	<u><b>POSITION AND DUTIES</b></u>
From: _____ Mo/Yr	To: _____ Mo/Yr	_____
	(City) (State)	_____
From: _____ Mo/Yr	To: _____ Mo/Yr	_____
	(City) (State)	_____
From: _____ Mo/Yr	To: _____ Mo/Yr	_____
	(City) (State)	_____
From: _____ Mo/Yr	To: _____ Mo/Yr	_____
	(City) (State)	_____
From: _____ Mo/Yr	To: _____ Mo/Yr	_____
	(City) (State)	_____
From: _____ Mo/Yr	To: _____ Mo/Yr	_____
	(City) (State)	_____
From: _____ Mo/Yr	To: _____ Mo/Yr	_____
	(City) (State)	_____

**LICENSURE INFORMATION**

List below all states, countries or provinces in which you have ever been or currently are licensed, permitted or certified. Submit a copy of Attachment 1 to all such states, countries, or provinces regarding such licensure, certification or permit. Use the back of this page if you need additional space.

<b>STATE</b>	<b>LICENSE NUMBER</b>	<b>DATE ISSUED</b>	<b>CURRENT STATUS</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List below **ALL** states, countries or provinces in which you hold or have ever held a license, certification or permit as a health professional other than genetic counselor. Submit a copy of Attachment 1 to all such states, countries or provinces regarding such licensure, certification or permit. Use the back of this page if you need additional space.

<b>STATE</b>	<b>PROFESSION</b>	<b>LICENSE NUMBER</b>	<b>DATE ISSUED</b>	<b>CURRENT STATUS</b>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If any answers to the questions in this part are in the affirmative, attach an explanation on a separate sheet. In support of your explanation, the final documents or orders from the issuing states, courts, or agencies must be submitted along with this application.

For the purposes of these questions, the following phrases or words have the following meanings:

- 1. "Ability to practice your profession" is to be construed to include all of the following:
a. The cognitive capacity to exercise reasoned professional judgments and to learn and keep abreast of developments in your profession; and
b. The ability to communicate those judgments and information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
c. The physical capability to perform tasks and procedures required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. "Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to; orthopedic, visual, speech and/or hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV, tuberculosis, drug addiction and alcoholism.
3. "Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
4. "Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee, or within the past two (2) years.
5. "Illegal use of controlled substances" means the use of controlled substances obtained illegally (e.g. heroin, or cocaine) as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS

YES NO

- 1. Do you currently have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety?
a. If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medication) or participate in a monitoring program?
b. If you have any limitations or impairments caused by an existing medical condition, are they reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice?

[IF you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.]

**COMPETENCY INFORMATION continued**

	<b>YES</b>	<b>NO</b>
2. Do you currently use chemical substances?	___	___
If yes, do they in any way impair or limit your ability to practice your profession with reasonable skill and safety?	___	___
Please list: _____ _____		
3. Are you currently engaged in the illegal use of controlled substances?	___	___
If yes, are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of controlled substances?	___	___
4. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?	___	___
5. If you have ever held or applied for a license or certificate to practice as a genetic counselor in any state, country or province, has it been or was it ever denied, reprimanded, suspended, restricted, revoked, or otherwise disciplined, curtailed or voluntarily surrendered under threat of investigation or disciplinary action?	___	___
6. If you have ever had staff privileges at any hospital or health care facility have they ever been revoked, suspended, curtailed, restricted, limited or otherwise disciplined or voluntarily surrendered under threat of restriction or disciplinary action?	___	___
7. Have you ever been convicted of a felony or a misdemeanor other than a minor traffic violation?	___	___
8. Have you ever been rejected or censured by a professional society?	___	___
9. In relation to the performance of your professional services in any profession:		
a. Have you ever had a final judgment rendered <u>against</u> you; or	___	___
b. Have you ever had settlement of any legal action rendered <u>against</u> you; or	___	___
c. Are there any legal actions pending <u>against</u> you or to which you are a party?	___	___
10. If you have ever held a license or certificate in any health care profession, has it ever been reprimanded, suspended, restricted, revoked, or otherwise disciplined, curtailed or voluntarily surrendered under threat of investigation or disciplinary action?	___	___



ATTACHMENT 1



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
HEALTH RELATED BOARDS  
665 MAINSTREAM DRIVE  
NASHVILLE, TN 37243

BOARD OF MEDICAL EXAMINERS  
(800) 778-4123, ext. 532-4384 or Local (615) 532-3202, ext. 532-4384  
[www.tennessee.gov](http://www.tennessee.gov)

CLEARANCE FROM OTHER STATE LICENSURE BOARDS

**APPLICANT:** Please provide the information requested in the top box and then mail one form to the licensure board in EACH state where you **hold or have ever held** a license to practice any profession. (Copies of this form can be used). **NOTE:** Some states require a fee for providing clearance information. To expedite your application, you may wish to contact the applicable state(s).

To Be Completed By Applicant (Please Print In Ink)

I, the undersigned applicant, was granted a (circle one) license or certificate to practice \_\_\_\_\_ (Profession)  
numbered \_\_\_\_\_ on \_\_\_\_\_ in the State of \_\_\_\_\_ (Date)

The Board of Medical Examiners of Tennessee requests that I submit evidence of the current status of that license in your state.

You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Tennessee Board of Medical Examiners.

Date: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_  
Applicant's typed or printed name \_\_\_\_\_

To Be Completed By Administrative Office of State Licensure Board

Name In Full As it Appears On License/Certificate or Permit:

\_\_\_\_\_  
(First) (M.I.) (Last)

License/Certificate/Permit Number: \_\_\_\_\_ Profession: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Basis of Issuance: \_\_\_\_\_ Endorsement/Reciprocity with \_\_\_\_\_ (State)  
(Check One) \_\_\_\_\_ Written Examination \_\_\_\_\_

Is the license currently active and registered? Yes \_\_\_ No \_\_\_  
Is there any derogatory information on file? Yes \_\_\_ No \_\_\_ If yes, please attach supporting documentation.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please mail directly to: Board of Medical Examiners' Genetic Counselors  
665 Mainstream Drive  
Nashville, TN 37243



STATE OF TENNESSEE  
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(800) 778-4123, ext. 532-4384 or Local (615) 532-3202, ext. 532-4384  
[www.tennessee.gov](http://www.tennessee.gov)

**ABGC/ABMG VERIFICATION**

Please complete this form and mail it to one of the addresses below:

**Send to:**

**American Board of Genetic Counseling**  
P.O. Box 14216  
Lenexa, KS 66285

**American Board of Medical Genetics**  
9650 Rockville Pike  
Bethesda, MD 20814-3998

**To Be Completed By Applicant (Please Print In Ink)**

Dear ABGC/ABMG Official:

I am applying for a license to practice as a genetic counselor in the State of Tennessee. By signing this document I authorize you to release my exam scores and proof of my certifications directly to the State Board of Medical Examiners.

Applicant's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Social Security No: \_\_\_\_\_ - - \_\_\_\_\_  
Signature for Release of Information

**PLEASE MAIL SCORES DIRECTLY TO:**

**Board of Medical Examiners' Genetic Counselors**  
665 Mainstream Drive  
Nashville, TN 37243

**ATTACHMENT 3**



**STATE OF TENNESSEE  
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665 MAINSTREAM DRIVE  
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**TRANSCRIPT REQUEST**

**APPLICANT:** Supply the information requested in this box and then mail this entire form to your graduate school.

Full Name: _____		
(Last)	(First)	(Middle/Maiden)
Address: _____	Social Security Number: _____ - _____	
_____		
_____		
Student Identification Number: _____		
Year of Graduation: _____		
Degree Obtained: _____		

**TO WHOM IT MAY CONCERN:**

I am applying for a license to practice as a genetic counselor in the State of Tennessee. Please forward an original graduate transcript bearing the institution's official seal to:

**Tennessee Board of Medical Examiners' Genetic Counselors  
665 Mainstream Drive  
Nashville, TN 37243**

Thank you for cooperation and prompt response.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**ATTACHMENT 4**

Applicant's Name \_\_\_\_\_



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**SUPERVISING GENETIC COUNSELOR**

This section must be completed by the supervising GENETIC COUNSELOR(s).  
(This page may be duplicated if necessary)

**List all practice settings:**

1) **Setting:**

\_\_\_\_\_  
Supervising Genetic Counselor

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Tennessee License Number

2) **Setting:**

\_\_\_\_\_  
Supervising Genetic Counselor

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Tennessee License Number

3) **Setting:**

\_\_\_\_\_  
Supervising Genetic Counselor

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Tennessee License Number

4) **Setting:**

\_\_\_\_\_  
Supervising Genetic Counselor

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Tennessee License Number



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DECLARATION OF CITIZENSHIP  
MUST ACCOMPANY ALL APPLICATIONS FOR INITIAL LICENSURE OR REINSTATEMENT OF LICENSURE

The "SAVE Act" requires Tennessee Department of Health (including all Boards, Commissions, and contractors), along with every local health department in the State, to verify that every *adult* applicant for a professional license is either a U.S. citizen, a "qualified alien," or a nonimmigrant who meets the requirements set out at 8 U.S.C. 1621.

I am a(n) \_\_\_\_\_  
Healthcare Profession (Please Print) License number if applicable

Please Print Legibly

Name: \_\_\_\_\_  
Last First Middle Maiden

Mailing Address: \_\_\_\_\_

Phone Number: Home: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Office: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_)\_\_\_\_-\_\_\_\_

I am a United States Citizen: \_\_\_\_Yes \_\_\_\_No

Applicants Claiming United States Citizenship **MUST** provide one of the following:

1. Tennessee Driver's License, or photo ID issued by Department of Homeland Security.
2. A valid driver license or ID issued by another state, provided its issuance requirements meet Department of Homeland Security criteria.
3. An official birth certificate issued by a U.S. state, territory, or other jurisdiction. Puerto Rican birth certificates issued before July 1, 2010 do not count.
4. A federally issued birth certificate.
5. A valid, unexpired U.S. passport.
6. A report of birth abroad of a U.S. citizen.
7. A certificate of citizenship.
8. A certificate of naturalization.
9. A U.S. citizen ID card.
10. Any successor document to #'s 4-9 above.
11. SSN that the entity or local health department may verify with the Social Security Administration in accordance with federal law.

If you checked "No" please indicate from the list below which category applies to you:

\_\_\_\_\_ Permanent Residents

\_\_\_\_\_ A nonimmigrant applicant for a professional or commercial license whose visa for entry into the United States is related to such employment, or a nonimmigrant under the Immigration and Nationality Act (8 U.S.C. 1101 *et seq.*).

- \_\_\_\_\_ Foreign nationals not present in the United States seeking the issuance or renewal of a professional license.
- \_\_\_\_\_ Asylees who meet the qualifications set out in 8 U.S.C. 1158
- \_\_\_\_\_ Refugees who meet the qualifications set out in 8 U.S.C. 1157
- \_\_\_\_\_ Persons who have been “paroled into the United States,” under 8 U.S.C. 1182(d)(5) or whose deportation has been withheld under 8 U.S.C. 1253.
- \_\_\_\_\_ Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980
- \_\_\_\_\_ Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
- \_\_\_\_\_ An alien who has been “battered” or subjected to “extreme cruelty” by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c)(2) and (3), victims’ children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming **qualified alien status**, please submit one or more of the following forms of “documentation of identity and immigration status” as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status:

- I-327 (Reentry Permit)
- I-551 (Permanent Resident Card or “Green Card”)
- I-571 (Refugee Travel Document)
- I-766 (Employment Authorization Card)
- Machine Readable Immigrant Visa (with Temporary I-551 language)
- Temporary I-551 stamp (on passport or I-94)
- I-94 (Arrival/Departure record)
- Unexpired foreign passport
- WT/WB Admission Stamp in unexpired foreign passport
- I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status– “student visa”)
- DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

I affirm under the penalty of perjury that the above is true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

AFFIX SEAL HERE

My Commission Expires: \_\_\_\_\_

**If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee’s False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee’s False Claims Act. Upon discovery of an applicant’s false, fictitious, or fraudulent claim of U.S. citizenship, state governmental entities and local health departments must also file a criminal complaint with the United States Attorney.**