

# Nebraska Application Information Application for a License to Practice Genetic Counseling

**LICENSE FEE WAIVER:** Starting January 1, 2020, if you meet one of the following waiver options, your initial license and temporary license fee is waived, (this does not waive the fee for criminal background checks):

1. **Young Worker:** You are between the ages of 18 and 25 (under the age of 26).
2. **Low-Income Individual:** You are enrolled in a state or federal public assistance program **such as** the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program, **OR** your household adjusted gross income is below 130% of the federal income poverty guideline.
  - If you live in Nebraska and are enrolled in a state or federal public assistance program, no further documentation is required to be submitted.
  - If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.
  - If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines, <https://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf>. To be eligible for this waiver, you must submit a copy of your most recent tax return.
3. **Military Family:** You are an active-duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above.

**MILITARY:** To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

## **APPLICATION PROCESS - To apply for a License:**

### **STEP 1: Get copies of the following documents:**

**NON-ENGLISH DOCUMENTS.** Any documents written in a language other than English must translated into the English language. You must submit a copy of the original document and the translated document. The translation must be an original document and contain the notarized or equivalent signature of the translator. An individual may not translate his/her own documents.

- 1) **US Citizenship/Lawful Presence** (must be at **least 19** years old):

**U.S. Citizen, a PHOTOCOPY** of one of the following:

- Birth Certificate (Hospital issued keepsake birth certificates cannot be accepted).
- U.S. Passport (unexpired or expired).
- Certificate of Naturalization.
- Other documents that show U.S. Citizenship.

**A Driver's License is NOT acceptable.**

**NOT a U.S. Citizen, a PHOTOCOPY** of one of the following:

- Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
- Employment Authorization Card **AND**
  - An approved deferred action status (DACA);
  - A pending application for asylum in the United States;
  - A pending or approved application for temporary protected status in the United States; or
  - A pending application for adjustment of status to that of an alien lawfully admitted for permanent Residence in the United States or conditional permanent resident status in the United States.

**NOTE:** Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take up to 30 days.

- 2) **Education and Transcript:** You must have your genetic counseling graduate or postgraduate training school or electronic transcript service submit an official college or university transcript **directly to our office**. If sending by e-mail, send to [dhhs.medicaloffice@nebraska.gov](mailto:dhhs.medicaloffice@nebraska.gov)

**Information Relating to Military Education, Training, or Service:** If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

- 3) **Examination:** Submit official documentation of scores obtained on all certification examinations that you have completed sent directly to the Department from the score repository, either ABGC or ABMG Certification Examinations.
- 4) **Certification** – Check the Board from which you obtained certification as a genetic counselor and list the date of initial certification. Submit verification of certification as a genetic counselor sent directly to the Department from the ABGC or AGMG.

- 5) **Medical Malpractice Information:** If you answered YES: Indicate the total number of claims you have had which resulted in (A) an adverse judgment against you; (B) a settlement made on your behalf, including those made prior to suite in which the patient released any professional liability claim against you; (C) an award was required or made by you or on your behalf.

Submit a detailed explanation of each claim to include the following:

- Name, sex and age of patient;
- Date of occurrence;
- Initial event (procedure/diagnosis);
- Subsequent event that precipitated the claims – include the time sequence in relation to the initial event;
- Damages – a description of damages or alleged damages resulting from the initial and subsequent events;
- Date of filing of malpractice claim in court (if applicable);
- Outcome of claim – include the court disposition, whether or not the case was settled, and the amount of any monetary settlement or judgment made on your behalf;
- Date of final outcome of claim.

If You Answered YES To pending claims; Indicate the total number of malpractice claims that are currently pending against you. Submit the following for each pending claim: (A) A detailed explanation of the claim to include the information as outlined above; (B) Copies of the court documents that outline the statement of charges (often called the “Complaint”); (C) Letter from the attorney stating the current status of the claim.

- 6) **Other State License Information:** If you hold or have held a health related license in any state (**other than Nebraska**) you must contact that state and request a certification/verification of your license (**do not send a copy of your license**).
- 7) **Conviction Information:** If you have **EVER** received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. You are required to list ALL convictions (regardless of when they occurred) on the application; you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor/felony convictions.

**If you have convictions, you must submit:**

- (i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- (ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (iii) A letter from the applicant’s probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

**If you had an alcohol and drug evaluation and/or completed treatment**, to assist the Board and Department in review of any drug and/or alcohol conviction(s), we encourage you to request that the treatment provider submit all evaluations and discharge summaries directly to the Department.

<b>The following provides <u>SOME</u> examples of convictions; this is <u>NOT</u> a complete list</b>	
<ul style="list-style-type: none"> <li>• MIP/ Tobacco Use by Minor</li> <li>• DUI / DWI / Open Container</li> <li>• Controlled Substance</li> <li>• Shoplifting / Theft / Burglary</li> <li>• Unauthorized use of a Financial Transaction</li> <li>• Disturbing the Peace</li> <li>• Assault / Prostitution</li> <li>• Disorderly Conduct / Disorderly House</li> <li>• Fail to Appear in Court</li> </ul>	<ul style="list-style-type: none"> <li>• Driving under Suspension / Revocation</li> <li>• License Vehicle without Liability Insurance</li> <li>• False Information or Reporting</li> <li>• Reckless Driving / Leave the Scene of an Accident</li> <li>• Operator not Carrying License</li> <li>• Unlawful Display of Plates/Renewal tabs</li> <li>• Park Rule Violation / Curfew Violation</li> <li>• Dog at Large / Fail to Vaccinate Animal</li> <li>• Littering / Fireworks / Bad Check</li> </ul>

**NOTE:** If you have **any criminal charges or license disciplinary actions pending that result in a conviction** or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action**. Reporting forms can be obtained at the following website: <https://dhhs.ne.gov/Pages/Investigations.aspx> or by phone 402-471-0175.

**STEP 2: Complete all pages and questions on the Application**

**Temporary License:** If you apply for a temporary license, you must submit the temporary application, the license application and pay both fees (unless you qualified for a fee waiver).

**STEP 3: Submit your application to the Licensure Unit**

<input type="checkbox"/> Completed Application	<input type="checkbox"/> License Certifications (if licensed in another state) <b>(if requested)</b>
<input type="checkbox"/> Citizenship or Lawful Presence Document	<input type="checkbox"/> The License Fee (unless you qualified for a fee waiver). See the license application for a listing of fees for Medicine. <b>Pay by check/money order; debit or credit card is not accepted.</b>
<input type="checkbox"/> Education Documents	
<input type="checkbox"/> Conviction Records (if you have convictions)	

**Application Review:** All applications are reviewed in date order received.

- If your application **is missing information**, you will be contacted **by e-mail**. The e-mail will list the information that is required to complete your application. You have 90 days to complete your application; if not completed within this 90 days, your application will be closed and all documents destroyed. A new application will then be required.
- If your application **is complete**, you will receive a wall credential in the mail.

**Records Retention Schedule:** When your license is issued, your application and documents will be kept by the Department for 5 years; then all documents will be destroyed. We encourage you to keep a copy of your application for your records.

Contact Information: Licensure Unit, Phone: 402-471-2118 / FAX: 402-742-8355 / E-Mail: [dhhs.medicaloffice@nebraska.gov](mailto:dhhs.medicaloffice@nebraska.gov)

License to Practice  
**GENETIC COUNSELING**  
**Application**

**Mail this application to the address listed above.**

**You must complete all sections of this application**

**LICENSE FEES:**

**A. Fee Waiver:**

If you meet one of the following fee waivers, your initial license and temporary license fee **is waived**. Check only **ONE** waiver:

- Young Worker:** I am under 26 years old.
- Low-income Individual:**
  - I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program; OR
  - My household adjusted gross income is below 130% of the federal income poverty guideline.
- Military Family:** I am an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

**B. Fee Required if YOU DO NOT qualify for one of the above fee waivers:**

Review the following chart to determine the fee required based on the month and year in which your license **will be issued**:

**Genetic Counseling:**

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
<b>Even Number Year</b>	\$150	\$150	\$150	\$37.50	\$37.50	\$37.50	\$37.50	\$37.50	\$37.50	\$150	\$150	\$150
<b>Odd Numbered Year</b>	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150	\$150

Genetic Counseling licenses expire 10/01 of even-numbered years

**Pay by check or money order to: Licensure Unit**

Your cancelled check is your proof of payment. Payment is processed upon receipt. Debit or credit card is not accepted.

APPLYING BY:

- Certification as a genetic counselor by the American Board of Genetic Counselors (ABGC) or American Board of Medical Genetics (ABMG)
- Reciprocity - Licensure in another State, Territory of the US, the District of Columbia or Canada
- Provisional Genetic Counseling

**SECTION A: INFORMATION**

1	You must print your <b>Legal Name</b> below		
	First:	Middle:	Last Name:
	List any other names, you are or have ever been known as (AKA), including maiden name and your last name on your birth certificate		
2	Address:	Street/PO/Route:	
		City:	State or Country: Zip:
3	Social Security Number (SSN):		
4	If you are not a U.S. Citizen, list your A# or I-94#:		Alien Registration Number ("A#"):
			I-94 #

Neb. Rev. Stat. §§38-123 and 38-130 requires you to provide your social security number to DHHS. Although your number is not public information, DHHS may share your social security number for child support enforcement or other administrative purposes and provide it to the Department of Revenue or the Department of Labor.

5	Date of Birth (Month/Day/Year):	Place of Birth (City/State or COUNTRY):
6	Phone #:	Additional Phone #:
	E-Mail Address:	
phone number and e-mail information will speed up communication with you		
7	Have you ever been denied the right to take a license examination in any State? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:	
8	<input type="checkbox"/> Check here if you are the spouse of an active duty member of the U.S. Armed Forces stationed in Nebraska.	

**SECTION B: EDUCATION** Indicate the name and date of diploma/degree awarded for your genetic counseling graduate or postgraduate training. Include the name of school, college, university that awarded the diploma/degree.  
Submit: Official documentation showing successful completion of education in genetic counseling sent directly to the Department from the school.

<b><u>NAME OF SCHOOL</u></b>		
City/State/Country		
Attended	From (M/D/Y):	To (M/D/Y):
Degree Conferred	Date Conferred (M/D/Y):	

  

<b><u>NAME OF SCHOOL</u></b>		
City/State/Country		
Attended	From (M/D/Y):	To (M/D/Y):
Degree Conferred	Date Conferred (M/D/Y):	

**Information Relating to Military Education, Training, or Service:**  
 If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

**SECTION C: EXAMINATION** Indicate which genetic counseling certification examination that you have taken.  
Submit: Official documentation of scores obtained on all certification examinations that you have completed sent directly to the Department from the score repository.

ABGC Certification Examination                       ABMG Certification Examination

**SECTION D: EXAMINATION (if you are applying for the Provisional Genetic Counseling License)**  
 “Active Candidate Status” to sit for the American Board of Genetic Counseling (ABGC) Certification Examination  
 Submit: Official verification that you are currently designated “Active Candidate Status” in order to take the ABGC Certification Examination sent directly to the Department from the ABGC

I am currently designated as “Active Candidate Status” by the ABGC in order to take the ABGC Certification Examination

**SECTION E: CERTIFICATION** – Check the Board from which you obtained certification as a genetic counselor and list the date of initial certification.  
 Submit: Verification of certification as a genetic counselor sent directly to the Department from the ABGC or AGMG

I am certified by the:

American Board of Genetic Counselors       American Board of Medical Genetics

DATE OF INITIAL CERTIFICATION	
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**SECTION F: CONVICTION AND LICENSURE INFORMATION**  
 Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action. Answer the following questions either yes or no by placing a (✓) in the appropriate box. **All 'yes' responses MUST be explained in detail.** Additional documentation may be requested by the Board/Department after submission of initial information.

**CONVICTION INFORMATION:** You must list ALL misdemeanor or felony convictions (regardless of when they occurred).

1	Have you <b>EVER</b> been convicted of a misdemeanor or felony?	Name of Conviction	Date of Action	Name of Court Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

The following provides <b>SOME</b> examples of convictions; this is <b>NOT</b> a complete list	
<ul style="list-style-type: none"> <li>• MIP/ Tobacco Use by Minor</li> <li>• DUI / DWI</li> <li>• Controlled Substance</li> <li>• Open Container</li> <li>• Shoplifting / Theft / Burglary</li> <li>• Unauthorized use of a Financial Transaction</li> <li>• Disturbing the Peace</li> <li>• Assault / Prostitution</li> <li>• Disorderly Conduct / Disorderly House</li> <li>• Reckless Driving</li> </ul>	<ul style="list-style-type: none"> <li>• Driving under Suspension / Revocation</li> <li>• License Vehicle without Liability Insurance</li> <li>• Fail to Appear in Court</li> <li>• False Information or Reporting</li> <li>• Leave the Scene of an Accident</li> <li>• Operator not Carrying License</li> <li>• Unlawful Display of Plates/Renewal tabs</li> <li>• Park Rule Violation / Curfew Violation</li> <li>• Dog at Large / Fail to Vaccinate Animal</li> <li>• Littering / Fireworks / Bad Check</li> </ul>

**LICENSE INFORMATION:** The following questions relate to a license that you currently hold or have held in a state **other** than Nebraska or provinces of Canada.

1	Do you hold or have you held a license in any other Jurisdiction(s)?	If yes, what Jurisdictions(s)?	What type of license?	
	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	<b>If YES,</b> has your license ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?	Type of Action	Date of Action	Name of Jurisdiction Taking Action
	Yes <input type="checkbox"/> No <input type="checkbox"/>			

**SECTION F CONTINUED: CONVICTION AND LICENSURE INFORMATION**

Failure to list any conviction(s) or disciplinary action(s), regardless of when the action occurred, could result in disciplinary action. Answer the following questions either yes or no by placing a (✓) in the appropriate box. **All 'yes' responses MUST be explained in detail.** Additional documentation may be requested by the Board/Department after submission of initial information.

## SECTION I

1	Have you ever had any disciplinary or adverse action imposed against a professional license or permit in any state or jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Have you ever voluntarily surrendered or voluntarily limited in any way a license or permit issued to you by a licensing or disciplinary authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Have you ever been requested to appear before any licensing agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Have you ever been notified of any charges, complaints or other actions filed against you by any licensing or disciplinary authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5	Are you aware of any pending disciplinary actions or of any on-going investigations of a complaint against your license or permit in any jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6	Have you ever been asked to and/or permitted to withdraw an application for licensure or permit with any Board or jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7	Has any state or jurisdiction refused to issue, refused to renew or denied you a license or permit to practice?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## SECTION II

1	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
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## SECTION III

1	Have you ever been restricted, suspended, terminated, requested to voluntarily resign, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during medical school or postgraduate training?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Have you ever had hospital or institutional privileges denied, reduced, restricted, suspended, revoked, terminated or placed on probation?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Have you ever voluntarily resigned or suspended your hospital or institutional privileges while under investigation from a hospital, clinic, institution, or other medically related employment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Have you ever been notified that any action against your hospital or institutional privileges is pending or proposed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5	Have you ever been allowed to withdraw your staff privileges from a hospital or institution?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6	Have you ever been subject to staff disciplinary action or non-renewal of an employment contract?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## SECTION IV

1	Have you ever been notified of any professional liability claim that resulted in an adverse judgment, settlement, or award, including settlements made prior to suit in which the patient releases any professional liability claim against the applicant?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Are you aware of any professional liability claims currently pending against you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

<b>SECTION G: PRACTICE PRIOR TO LICENSE</b>	
If you practice prior to being issued a Nebraska license, you are subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, and you may be subject to other disciplinary action as provided in the statutes and regulations.	
1	Have you practiced Genetic Counseling in Nebraska without a Nebraska license? <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>
If yes, what are the actual number of days you practiced in Nebraska without a Nebraska license and what is the business name, location and telephone number of the practice:	Number of days:
	Name of Business:
	City:
	Telephone #:

<b>SECTION H: ATTESTATION</b>
For the purpose of meeting Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 ( <i>check <b>ONE</b> of the boxes below</i> ): <b>I attest that:</b>
<input type="checkbox"/> I am a citizen of the United States.
<input type="checkbox"/> I am <b>NOT</b> a citizen of the United States. I am a qualified alien under the Federal Immigration and Nationality Act or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.
<input type="checkbox"/> I am <b>NOT</b> a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.
<input type="checkbox"/> I am <b>NOT</b> a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act
<b>I further attest that:</b>
1. I have read the application or have had the application read to me; and 2. I am of good character and all statements on this application are true and complete.
Print Name: _____
Signature: _____ Date: _____

**MILITARY:** To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>