



This form may be completed online and mailed to the address listed below.



Department of Health and Human Services  
 Division of Public Health - Licensure Unit  
 P.O. Box 94986 - Lincoln, Nebraska 68509  
 Telephone #: 402-471-2118

Lic# _____
Date: _____
Office Use Only Revised 04/2016

## APPLICATION FOR A LICENSE TO PRACTICE GENETIC COUNSELING

(Please print or type application)

**Fee: \$150**

**I am applying for licensure based on:**

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

**SECTION A – PERSONAL INFORMATION:** (All applicants must complete this section) Items 1 and 2 are public information. Name and Licensure information will be displayed on the INTERNET at <http://www.nebraska.gov/LISSearch/search.cgi>

**NOTE: All mailings will be sent to the address you indicate below– if you change your address, you must advise this office.**

<b>1</b>	Legal Name	First:	Middle Name:	Last:
	Maiden Name	Other Names you are known as (AKA):		
<b>2</b>	Mailing Address	Street/PO/Route:		
		City:	State or Country:	Zip:
<b>3</b>	Date of Birth:	Month/Day/Year:	Place of Birth (city/state/country):	Gender: M      F
<b>4</b>	Check the Appropriate Box(es)	<input type="checkbox"/> Social Security Number (SSN);	SSN#	
		<input type="checkbox"/> Alien Registration Number (“A#”);	A#	
		<input type="checkbox"/> Form I-94# (Arrival-Departure Record)	I-94#	
If you have both a SSN and an A# or I-94#, you must report both. Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.				
	Phone		Fax (optional)	
	Licensee E-mail Address		Credentialing contact e-mail Address (optional)	

**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):	

**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.

<input type="checkbox"/> ABGC Certification Examination	<input type="checkbox"/> ABMG Certification Examination
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**SECTION D – 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 E – LICENSURE IN OTHER STATE** (All applicants must complete this section)  
Submit: Certification of license from each state or province where you have held a license sent directly to the Department from that state or province

Have you ever been licensed as a genetic counselor in another state or jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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List all other states, jurisdictions, territories of the U.S, or provinces of Canada where you have been or are currently licensed, including license number, issue date, and expiration date. (Include educational training/permit licenses). Attach list if needed.

State	License #	Issue Date	Expiration Date

**SECTION F – Regulatory Questions** (All applicants must complete this section) Answer the following questions either yes or no by placing a (✓) in the appropriate box. **All 'yes' responses MUST be explained in detail and you must submit the requested documentation (see pages 8 & 9 of application).** 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 addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Within the past 5 years, have you received any therapy/treatment or been admitted to any hospital or other in-patient care facility for reasons relating to your use/abuse of alcohol, narcotics, barbiturates, or other drugs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Do you currently have any physical, mental, or emotional condition which impairs your ability to practice your health care profession safely and competently?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Within the past 5 years, has any licensing agency or credentialing organization initiated any inquiry into your physical, mental or emotional health?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Section III**

1	Have you ever been restricted, suspended, terminated, voluntarily resigned, placed on probation, counseled, received a warning or been subject to any remedial or disciplinary action during your education?	<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 been notified that any action against your hospital or institutional privileges is currently 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 termination or non-renewal of an employment contract?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Section IV**

1	Have you ever been convicted of a felony? <b>Failure to disclose any such convictions regardless of when the conviction occurred could result in disciplinary action, including but not limited to a minimum of \$500 civil fine.</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Have you ever been convicted of a misdemeanor? <b>Failure to disclose any such convictions regardless of when the conviction occurred could result in disciplinary action, including but not limited to a minimum of \$500 civil fine.</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Have you ever been notified of any charges, complaints or other actions filed against you by any criminal prosecution authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Section V**

1	Have you ever been denied a Federal Drug Enforcement Administration (DEA) Registration or state controlled substances registration?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	Have you ever been called before any licensing agency or lawful authority concerned with DEA controlled substances?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3	Have you ever surrendered your state or federal controlled substances registration?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4	Have you ever had your state or federal controlled substances registration restricted or disciplined in any way?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Section VI**

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 you?	<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

**SECTION G – PRACTICE PRIOR TO CREDENTIAL** (All applicants must complete this section) An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

1	I have practiced as a genetic counselor in Nebraska before issuance of the Nebraska license.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice:	# of days: _____	
		Name of Business: _____	
		City: _____	
		Telephone #: _____	

**SECTION I – ATTESTATION** (All applicants must complete this section)

**Lawful Presence in the United States Attestation:** For the purpose of complying with Neb. Rev. Stat. §38-129, I attest as follows:

***Please check only one of the boxes below:***

- I am a citizen of the United States; or
- I am an alien lawfully admitted into the United States who is eligible for a credential under the Uniform Credentialing Act; or
- I am a non-immigrant lawfully present in the United States who is eligible for a credential under the Uniform Credentialing Act.

**Alien or Non-Immigrant Status:** If you are a qualified alien lawfully admitted into the United States OR a non-immigrant lawfully present in the United States, you must submit evidence of lawful presence which may include a copy of:

1. A “Green Card” otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card; or
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
3. A document showing an Alien Registration Number (“A#”), an Employment Authorization Card/Document is **NOT** acceptable; or
4. A Form I-94 (Arrival-Departure Record).

If you are an Alien or Non-Immigrant, your credential will **NOT** be issued until such proof is received by our office and your documents are verified by our office through the Department of Homeland Security. This process may take four to six weeks.

**Application Attestation:** I further attest that:

1. I have read the application or have had the application read to me;
2. All statements on the application are true and complete; and
3. I am of good character.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE CAREFULLY REVIEW THE PREVIOUS APPLICATION FORM TO DETERMINE DOCUMENTATION THAT MUST BE SUBMITTED. In addition, all applicants MUST also submit the following documents:**

1.  **Age:** Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
2.  **Citizenship, lawful permanent residence, and/or immigration status** Information: You must submit a **copy** of at least one of the following documents:
  - (1) A U.S. Passport (unexpired or expired);
  - (2) A birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal;
  - (3) An American Indian Card (I-872);
  - (4) A Certificate of Naturalization (N-550 or N-570);
  - (5) A Certificate of Citizenship (N-560 or N-561);
  - (6) Certification of Report of Birth (DS-1350);
  - (7) A Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
  - (8) Certification of Birth Abroad (FS-545 or DS-1350);
  - (9) A United States Citizen Identification Card (I-197 or I-179);
  - (10) A Northern Mariana Card (I-873);
  - (11) An Alien Registration Receipt Card (Form I-551, otherwise known as a "Green Card");
  - (12) An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport;
  - (13) A document showing an Alien Registration Number ("A#"); or
  - (14) A Form I-94 (Arrival-Departure Record).
3.  **Conviction Information:** If you have been convicted of a felony or misdemeanor, you must submit:
  - a. A copy of the court record, which includes charges and disposition;
  - b. Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
  - c. All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
  - d. A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation.

4.  **Professional Liability (Malpractice) Information:**

**If You Answered YES To Section VI Question #1: 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 suit 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:**

1. Name, sex and age of patient
2. Date of occurrence
3. Initial event (procedure/diagnosis)
4. Subsequent event that precipitated the claim – include the time sequence in relation to the initial event
5. Damages – a description of damages or alleged damages resulting from the initial and subsequent events
6. Date of filing of malpractice claim in court (if applicable)
7. 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.
8. Date of final outcome of claim.

**If You Answered YES To Section VI Question #2: 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, numbers 1-6;
- 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.

5.  **Disciplinary Action:** If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition.
6.  **Fee:** The required fee - see chart below. Money order and checks need to be made payable to: Nebraska Licensure Unit.

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